



# 2020 STATUS OF WOMEN & GIRLS IN MINNESOTA

A joint project of the Women's Foundation of Minnesota and the Center on Women, Gender, and Public Policy of the Humphrey School of Public Affairs at the University of Minnesota

## RESEARCH OVERVIEW



# Acknowledgments

*The Status of Women & Girls in Minnesota* is a cooperative effort between Women's Foundation of Minnesota and the Center on Women, Gender, and Public Policy of the Humphrey School of Public Affairs at the University of Minnesota.

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A team of researchers from the Center on Women, Gender and Public Policy (CWGPP) at the University of Minnesota's Humphrey School of Public Affairs conducted the research and wrote this report.

The research team was led by Professor Christina Ewig, Ph.D., faculty director of the CWGPP, and included Matthew Bombyk (Ph.D. student), Linnea Graham (Master's student), and Professor Joseph Ritter, Ph.D. (University of Minnesota's Department of Applied Economics). Sarah Noble Frank (communications manager, CWGPP) provided editorial and coordination support.

At the Women's Foundation of Minnesota, Lee Roper-Batker (former president and CEO) provided substantive content direction; Saanii Hernandez (vice president) and Jen Lowman Day (director of communications) provided final review; and Mary Beth Hanson (principal, MB 360 LLC) provided editorial and design-production support.

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# Our Vision

At the Women's Foundation of Minnesota, we know that to improve the lives of all Minnesotans, we need strong grantmaking and policy agendas that are grounded in data.



Our ongoing research, *Status of Women & Girls in Minnesota*, helps us to raise awareness and energize the momentum to shift attitudes, institutions, systems, and policies that will lead to greater economic opportunity, safety, wellness, and equal leadership for all the state's women and girls. It also informs our annual grantmaking and policy agenda and identifies areas where further research is needed.

The updated and new data in this report show us that we have more work to do. While there is progress in some areas, inequities for women and girls still exist and continue to be even greater for women and girls of color, Native American women and girls, rural women and girls, women and girls with disabilities, LGBTQ+ people, and older women.

By disaggregating the data by gender, race, place, and additional identities pushed to the margins, we begin to understand how inequities impact communities differently and the community-specific solutions needed to achieve equity.

We also seek to inspire and engage Minnesotans — citizens, philanthropists, and leaders — to demand economic opportunity, safety, wellness, and equal leadership for all the state's women and girls, community by community.

The Status research is a clarion call to increase investments in community solutions to create a state where all women and girls can thrive and prosper.

**Together, we are an unstoppable force for equity.**

**Gloria Perez**  
President & CEO  
Women's Foundation of Minnesota

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## About the *Status of Women & Girls in Minnesota* Project

Launched in 2009, *Status of Women & Girls in Minnesota* is an ongoing collaborative research project of the Women's Foundation of Minnesota and the Center on Women, Gender, and Public Policy (CWGPP) of the Humphrey School of Public Affairs at the University of Minnesota. Periodically, the CWGPP gathers and analyzes data specific to Minnesota women and girls in economics, safety, health, and leadership to inform Women's Foundation of Minnesota priorities. Since 1990, the Women's Foundation of Minnesota has conducted research to inform its grantmaking and policy work.

The project represents a unique approach to research by using a gender-race-place-equity lens. The data included comes from original analysis by the CWGPP of publicly available datasets (American Community Survey, Minnesota Student Survey, and others) and from published reports produced by government agencies and nonprofits.



## SECTION 1

# Economics

To achieve economic security and a fair economic playing field, women must have unencumbered access to the education and training necessary to take advantage of economic opportunity, as well as to caregiving supports such as child and elder care.

These are building blocks of economic security, in addition to stable living-wage jobs with benefits, the ability to accumulate assets such as housing, and freedom from debt. It is important that these building blocks become more available to everyone and that they are equally available to women and men.

The data show that Minnesota can do better to create more pathways to prosperity for its girls and women. The wage gap continues to shortchange all women and affects Latina, African American, and Native American women the most. While Minnesota continues to be a national leader in women's workforce participation and women in the state earn a majority of all post-secondary degrees, these achievements have not translated into economic security and fairness. Women remain disproportionately represented in lower-paid, poor-benefit service occupations and are few in the higher-paid STEM (science, technology, engineering, and math) fields and construction trades. At the same time, support for caregiving, including affordable, quality child care, has moved increasingly out of reach. These challenges often translate into housing insecurity, debt, and poverty.

Economists attribute the gender wage gap to a combination of factors, including differences in education, occupational clustering, and experience. The gap that remains after these factors have been taken into account is considered likely the result of gender biases, including discrimination. But gender biases can also be drivers of those other factors: for example, when girls are discouraged from pursuing careers in male-dominated fields, or when women (rather than men) are expected to stay home with children and lose years of work experience as a result. Racial bias interacts with gender

discrimination. When the wage gap is disaggregated by race and ethnicity, the income disparities are striking. These forms of discrimination impact women's economic stability, career ladder, and lifetime earnings.

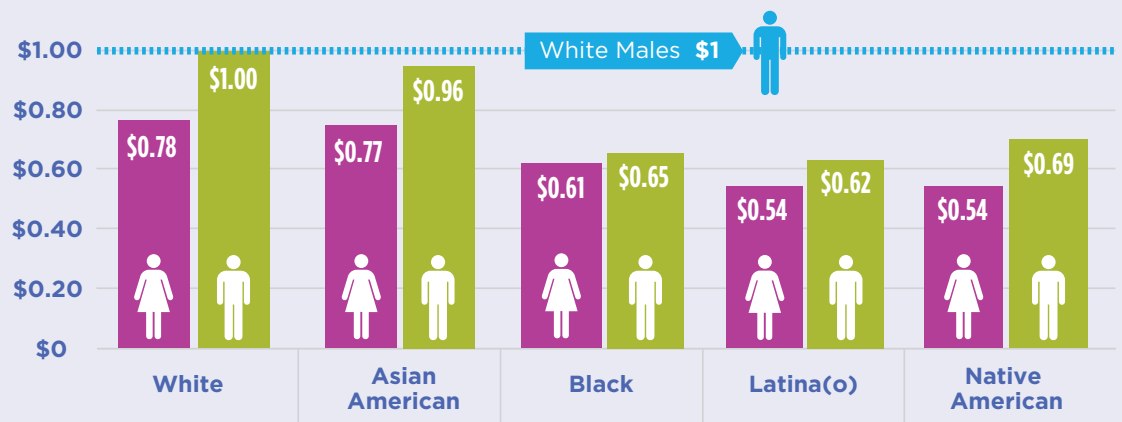
**Minnesota leads the nation in women's workforce participation**, with a labor force participation rate of 62% among all women. Seventy-eight percent (78%) of mothers with children under age 6 participate in the labor force, comprising 15% of all women in the labor force.<sup>1</sup>

**The gender wage gap in Minnesota hasn't narrowed over the past five years.** On average, Minnesota women make \$0.79 for every dollar that men make, with important differences among women depending on race or ethnicity.<sup>2</sup> Minnesota has the 17th smallest gender wage gap nationwide. On average, women in Minnesota lose an estimated \$400,560 in lifetime earnings due to the gender wage gap. Women of color and Native American women will experience even greater losses.<sup>3</sup>

## Minnesota Cents on the Dollar

Average Wage and Salary Income Relative to White Men

CWGPP analysis of American Community Survey, 2013-17. Average earnings of full-time, year-round workers age 16 and over in Minnesota.



**Even when a range of factors are considered, Minnesota's women earn on average 5.3% less than men.** A number of factors contribute to the wage gap, but recent research shows that even after accounting for education, field of study, industry in which they work, and experience, Minnesota women five years out of school are still paid 5.3% less than men. This gap is probably due to gender bias and will widen over the course of women's lives.<sup>4</sup>

The wage gap between women and white men in Minnesota is twice as large for Hmong, Native American, and Latina women, nearly that for African American women, and 2.5 times greater for Somali women than it is for white women.<sup>5</sup>

**Total household incomes for families headed by lesbian couples are considerably lower than incomes of opposite-sex and gay male households.** In Minnesota, average household income is

highest for opposite-sex couples (\$108,200), followed by same-sex male couples (\$100,556), and is lowest for same-sex female couples (\$95,766). In lesbian couples, both earners' wages are affected by the gender wage gap.<sup>6</sup> The disparity in household incomes is even greater for LGBTQ+ women of color. Research shows that transgender women see their wages fall by nearly one-third after they transition from male to female, while transgender men made slightly more after transitioning from female to male.<sup>7</sup>

## A Significant Portion of Minnesota's Mothers are the Primary Breadwinner in the Family



Percent of mothers with children under 18 who are either single with earned income or earn more income than their spouse or partner. CWGPP analysis of the American Community Survey, 2013-17.

Women make up the majority of Minnesota workers who are paid **at or below the minimum wage**, even with advanced degrees.

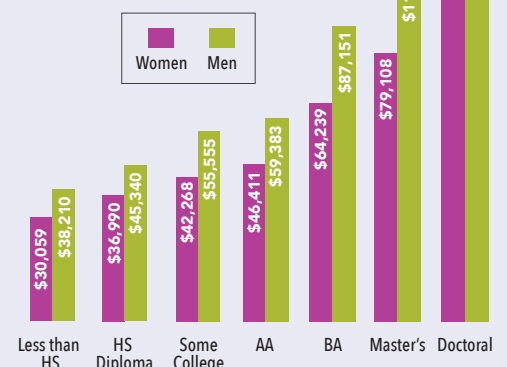
**59% WOMEN**  
**41% MEN**

Rural and urban Minnesota women are similarly concentrated in minimum wage jobs. In 2018, 59% of minimum wage workers in Greater Minnesota were women, and 61% of minimum wage workers in the Twin Cities metro area were women.

CWGPP analysis of Quarterly Employment Demographics data from the Minnesota Department of Employment and Economic Development. Data was from Q1 2018. Minimum wage in 2018 in Minnesota was \$9.65 per hour for large firms.

Education contributes to earning power. But regardless of education, women's earnings trail those of similarly educated men and, generally, the gap increases as women become more educated.

## Average Annual Wages in Minnesota by Sex and Education



CWGPP analysis of the American Community Survey, 2013-17. Average income of full-time, year-round workers, 16 and older in Minnesota.



Occupational clustering is an important contributor to the gender wage gap. Women are concentrated in low-wage service occupations that are less likely to have full benefits, and they are underrepresented in higher-paying trades and STEM occupations.

GENERAL OCCUPATIONAL CLUSTERING ISSUES

**Occupational clustering results in lower wages for women in Minnesota.** For large, gender-segregated occupations, which together comprise over half of all employment in the state, female-dominated occupations have an average wage of \$22/hour, while male-dominated occupations have an average wage of \$29/hour.<sup>8</sup>

**Women of color and Native American women are concentrated in service occupations.** While 1 in 5 of Minnesota’s white women work in service jobs, more than 1 in 3 Latina, African American, and Native American women work in service fields where benefits are scarce. Overall, 13% of men work in these occupations.<sup>9</sup>

**Workers in service occupations are less likely to have access to employee benefits.** Civilian workers in service occupations are least likely of all occupational categories to have access to medical benefits, life insurance benefits, paid sick leave, and retirement benefits.<sup>10</sup> Only 56% of these workers have access to paid sick leave, compared to 65% of civilian industry workers in natural resources, construction, and maintenance occupations and 90% in management, professional, and related occupations.<sup>11</sup>

**Ninety-four percent (94%) of child care workers in Minnesota are women, and they are underpaid.**<sup>12</sup> Nationally, women of color and Native American women comprise 40% of the early child care workforce; in Minnesota, they represent 15%.<sup>13</sup> As a consequence of low wages, over half (53%) of U.S. child care workers were enrolled in at least one of four public support and health care programs (EITC, TANF, SNAP, CHIP) between 2014 and 2016, compared to 21% of the entire U.S. workforce.<sup>14</sup> Not only is the occupation low paying, with a median hourly wage of \$11.98 in Minnesota, but there is a wage penalty for workers who care for younger

children. This penalty disproportionately affects Minnesota African Americans who make up the majority (52%) of care providers for young children and 43% of all child care center staff.<sup>15</sup>

**Meanwhile, the construction trades are well-paid and dominated by men.** Less than 3% of construction workers are women, and it remains the most gender-segregated occupational category.<sup>16</sup>

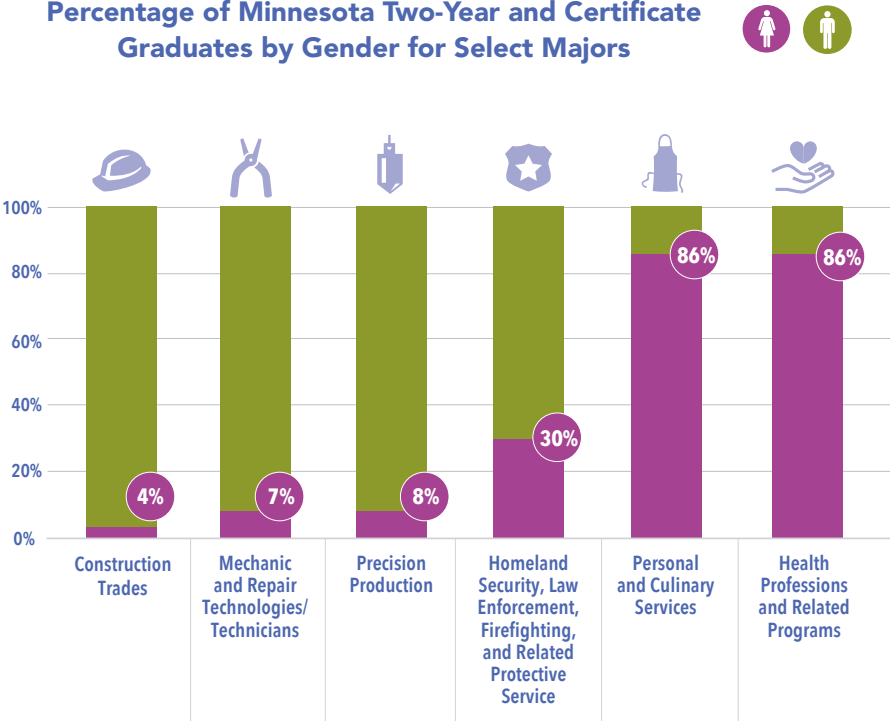
**Minnesota is addressing the lack of participation of women, people of color, and Native Americans in state construction projects.** In 2017, the state increased its hiring goals for women to 9-12% in rural areas, 15% in metro suburbs, and 20% in Hennepin and Ramsey counties. For people of color and Native Americans, these goals increased to 12-15% in rural areas, but remained at 2012 levels in metro suburbs (22%) and in Hennepin and Ramsey counties (32%).<sup>17</sup> Earlier goals of hiring 6% women were exceeded in high-profile projects such as the U.S. Bank Stadium and Minnesota State Capitol renovation projects.<sup>18</sup>

TRAINING AND OCCUPATIONAL CLUSTERING

Occupational clustering begins with training in specific vocational fields. A variety of societal messages come from media, schools, family, and friends that encourage girls and boys (and women and men) to pursue predominantly “feminine” or “masculine” occupational training and careers.

**In Minnesota and nationally, workforce development programs reinforce gender- and race-based occupational clustering.** Across all state workforce development programs since 2013, women of color and Native American women were most likely to receive training in service occupations (26%), compared to 11% of white women, 6% of men of color and Native American men, and 2% of white men. Women of color and Native American women were the second *least* likely to be trained in management and professional fields (20%) compared to 19% of men of color, 30% of white men, and 34% of white women. One percent (1%) of women in Minnesota were trained in natural resources, construction, and maintenance occupations compared to 11% of men.<sup>19</sup>

Percentage of Minnesota Two-Year and Certificate Graduates by Gender for Select Majors



CWGPP analysis of IPEDS 2016-2017 Provisional Data. Associate degrees and 1-2-year awards, first majors, as listed.

STEM AND OCCUPATIONAL CLUSTERING

STEM occupations are among the highest paid in today's economy, but women remain underrepresented in STEM degree programs. STEM occupations represent 7% of employment in Minnesota and have median wages of \$40 per hour, compared to \$19 for non-STEM occupations.<sup>20</sup>

**Women in Minnesota are underrepresented in STEM undergraduate education.** While women receive the majority (60%) of bachelor's degrees in Minnesota, they are only 16% of computer-related degree majors and 18% of engineering-related degree majors.<sup>21</sup>

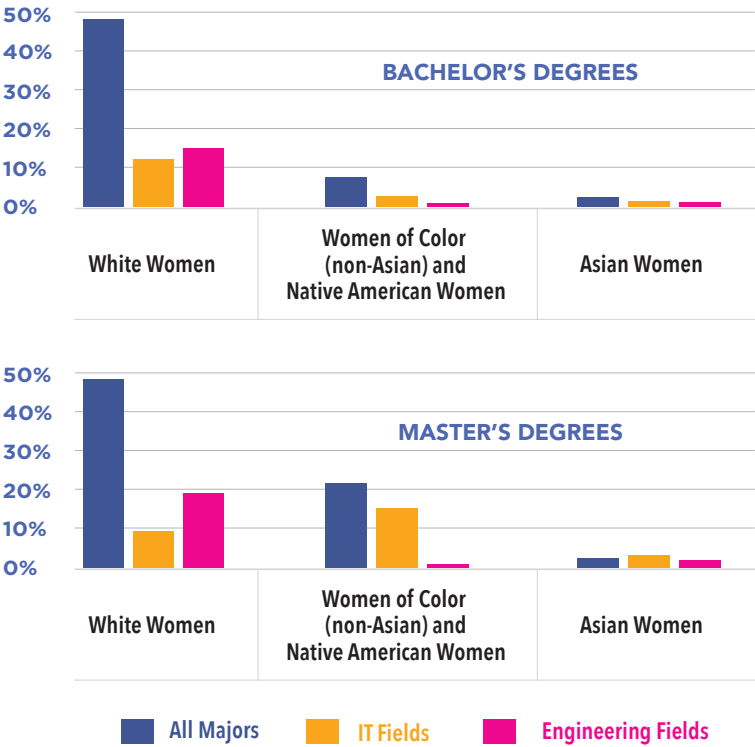
**Women are a larger proportion in STEM master's degrees, compared to bachelors' degrees, but are still far from parity.** Women earn 75% of all master's degrees in Minnesota yet represent only 29% of degree earners in computer-related fields and 25% of degree earners in engineering.<sup>22</sup>

**Women are underrepresented in high-paying STEM jobs.** Women make up 47% of the over-25 workforce, but only 26% of the over-25 STEM workforce. All groups of women (except non-Hmong Asians) are underrepresented in STEM occupations. African American and Native American women face the greatest underrepresentation in STEM occupations, with only one-fifth as many of these women working in STEM as would be expected based on their numbers in the state. Women in Greater Minnesota are half as likely to work in STEM as those in the Twin Cities metro area.<sup>23</sup>

**Young women, ages 23-25, make up 30% of Minnesota's 23-25 year old STEM workforce.**<sup>v</sup>

Women of color and Native American women are a small portion of Minnesota STEM students, especially engineering.

Percentage of All Minnesota Graduates and Graduates in Select STEM fields who are Women of Each Race\*



\*For example, the pink bar for master's degrees shows that 19.8% of master's graduates in engineering fields were white women.

CWGPP analysis of IPEDS 2016-2017 Provisional Data Release. First majors only. Includes only U.S. citizens and permanent residents and excludes multiple races and unknown race/ethnicity.

**Women-owned businesses are concentrated in traditional fields.** In 2018, an estimated 40% of businesses in the U.S. were women-owned and 50% concentrated in three traditionally female industries: other services (e.g., hair/nail salons, dry-cleaning, pet care), health care and social assistance, and professional/scientific/technical services (e.g., consultants, lawyers, accountants). The payrolls of women-run businesses, in turn, tend to be lower, reflecting the lower wages generally awarded in traditionally female occupational fields.<sup>25</sup>

**Minnesota and the Twin Cities rank high for employment vitality.** Minnesota ranks No. 1 in the nation in employment vitality, which is a combined measurement of the employment growth rate of women-owned businesses (2007 to 2018) and the average number of employees per women-owned business. Minneapolis-St. Paul is ranked second among U.S. cities in employment vitality.<sup>26</sup>

**Despite vitality, Minnesota women-owned firms still trail male-owned firms in paid employees and employee pay.** In 2016, there were 71% fewer female-owned firms in Minnesota with paid employees than male-owned firms. The average pay per employee at all female-owned firms was around \$10,000 (25%) lower than male-owned firms. The vast majority of female-owned firms in Minnesota were owned by white women (18,000) followed by Asian women (1,200).<sup>27</sup>

Male- and Female-Owned Firms and Average Annual Payrolls, by Race

	Number of firms with paid employees	Average annual payroll per firm (among firms with paid employees) (\$)
Male-Owned Firms	68,032	530,657
Female-Owned Firms	19,866	260,476
White	18,384	256,210
African American	224	n/a
Native American	53	479,170
Asian American	1,235	217,516
Latina	293	n/a

Note: n/a refers to estimate withheld by ASE due to publication standards; Latina overlaps with white. Categories do not sum due to exclusion of "other race" and cross-over of Latina with race categories. Annual Survey of Entrepreneurs, 2016.

Women, more often than men, work part-time or take time from work due to child care or elder care responsibilities. Breaks in work experience contribute to long-term wage gaps.

## Child Care

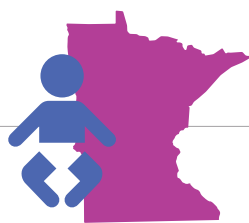
### COST

**Minnesotans face very high costs for center-based child care.** Center-based child care usually operates out of commercial buildings, accommodates more children, and groups children by age. Family (also known as home-based) child care usually operates out of a home where the provider cares for small groups of children. Minnesota ranks 5th least affordable for annual cost of infant care (under 12 months old) in a center: \$15,704. Minnesota ranks 7th least affordable for annual cost of toddler care (12 to 36 months old) in a center: \$13,676. However, for family child care, Minnesota is among the 15 most affordable states.<sup>28</sup>

**The average cost of center-based infant care in Minnesota is more than the annual cost of college tuition at the University of Minnesota.** In the Twin Cities metro area, cost for infant care is around \$340/week (\$17,680 annually), while costs in Greater Minnesota are lower at around \$216/week (\$11,232 annually).<sup>29</sup>

**Minnesota's investment in child care assistance hasn't kept up with the need.** Minnesota funds several child care assistance programs. From the 2017 to 2018 fiscal years, funding for these programs declined by about 6%. One program, Basic Sliding Fee, provides a subsidy to help low-income working families afford child care. Due to limited funding, in August 2018 there were 1,907 families on the waiting list for this type of assistance.<sup>30</sup>

With record low unemployment levels in Minnesota and nationally, employer-provided child care benefits and paid family leave are increasingly being recognized by employers as a way to attract and retain employees.<sup>31</sup>



### Minnesota has the 5th highest cost in the United States for quality infant care.

Annual center-based infant care (<12 mos age) as a percentage of median family income for married-couple families. "The U.S. and the High Cost of Childcare," 2018.

### AVAILABILITY

**Child care supply does not meet demand in Minnesota.** In Minnesota, the typical family with a young child resides where there are almost two children for

every slot of child care capacity. In Greater Minnesota, families have more access to publicly provided child care (Head Start and public pre-kindergarten) than in the Twin Cities, but less access to center-based child care.<sup>32</sup>

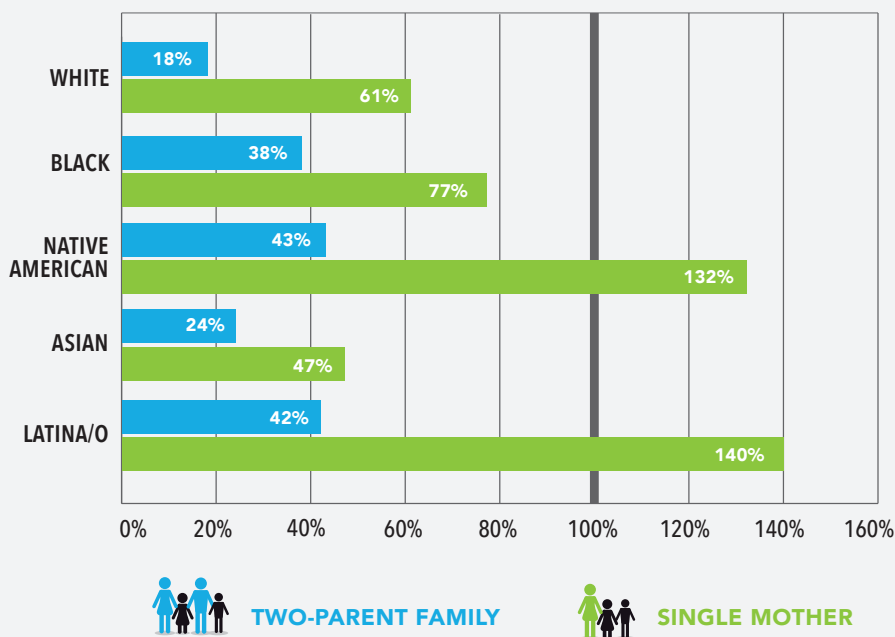
**The number of family child care providers in Minnesota dropped by 25% between 2006 and 2015.**<sup>33</sup> From 2002 to 2015, the number of family child care slots decreased by about one-half in the Twin Cities metro and one-third in Greater Minnesota. While center-based child care capacity (total number of child care slots) has increased in the state, it has not increased enough in rural areas to keep child care capacity at 2002 levels.<sup>34</sup>

**Overall, child care capacity has declined in Minnesota.** Between 2012 and 2017, total child care capacity in Minnesota and Wisconsin declined by 5%.<sup>35</sup>

High-quality child care is out of reach for many Minnesota families, especially those headed by women.

Most Minnesota families spend far more on child care than the 7% of income recommended by the U.S. Department of Health and Human Services.<sup>36</sup> Only 6% of two-parent Minnesota families have enough income to meet this recommendation when paying the average cost of center-based infant care in Minnesota.<sup>37</sup>

### Cost of Minnesota Accredited Center-Based Infant Care Compared to Median Income for Families with Children Under 6



CWGP analysis. Income data from American Community Survey, 2013-17. Cost data from Child Care Aware Minnesota, 2017.



Caregiving

**Women provide more elder care than men in Minnesota.** Minnesota full-time working women are more likely to have provided elder care in the prior 3 months (25.5%) than full-time working men (15.8%).<sup>38</sup>

**Caregiving burdens may differ between men and women and between women of different races.** Among full-time Minnesota workers, Latinas spend significantly more time on care of other members of the household (61 mins/day) than both Latino men (13 mins/day) and white women (34 mins/day). Asian men spend less time per day on child care (25 mins/day) than Asian women (72 mins/day). These disparities remain even when activities related to education and health are excluded.<sup>39</sup>



Minnesota’s full-time working mothers **spend about 1.75 hours more per day than full-time working fathers** on primary care for household members, secondary child care, and housework.

CWGPP analysis of the American Time Use Survey, 2011-17.

**In Minnesota, for families with children and two parents working full-time, the key gender differences are in housework and elder care, not child care.** Full-time working mothers and fathers in Minnesota contribute similarly to the care of children in their families, but women still carry the lion’s share of housework and elder care. Men on average do housework for about 15 mins/day while women do housework for about 42 mins/day. Sixteen percent (16%) of full-

time working fathers and 23% of full-time working mothers reported providing elder care in the past 3 months.<sup>40</sup>

**Caregiving impacts work hours.** About 6 in 10 caregivers report having to make at least one workplace accommodation (e.g. reducing work hours) as a result of caregiving.<sup>41</sup>

**Minnesota consistently ranks among the 10 worst states for racial equality.**<sup>46</sup>

*White and Asian American married couple families are the only two-child Minnesota families that have median income levels exceeding the state cost of living.*

Income as it Relates to Cost of Living and Poverty, by Race

	Two-parent family with 2 children Cost of living: \$86,124			Single mother with 2 children Cost of Living: \$79,560		
	Median Income	% With income below cost of living	% below Poverty Line	Median Income	% With income below cost of living	% below Poverty Line
White	\$108,590	35	3	\$39,915	84	20
Asian	\$88,320	47	8	\$36,900	93	26
Black	\$53,200	69	17	\$20,150	99	48
Latina/o	\$45,091	76	15	\$18,615	93	54
Native American	\$47,573	76	17	\$12,218	100	61
Total	\$103,419	39	4	\$34,724	89	29

CWGPP analysis. Cost of living estimate from the MN DEED, 2018 (includes full-time child care costs). Income data from American Community Survey, 2017.

**Poverty disproportionately impacts single female-headed households and communities of color.**

POVERTY, RACE, HOUSEHOLD HEADSHIP

**Single female-headed households are most likely to experience poverty.** While the overall poverty rate in Minnesota (10.9%) is lower than the national average (12.3%), poverty rates are three times higher for Minnesota’s single female-headed families.<sup>42</sup>

**Divorce is a leading cause of poverty for women.** Recent research shows that women’s incomes in the U.S. decline 33% on average 12 months after divorce.<sup>43</sup>

Other research shows that their incomes do not recover over time.<sup>44</sup> In Minnesota, divorced working-age mothers are twice as likely to live in poverty as divorced working-age fathers (19% compared to 10%).<sup>45</sup>

LGBTQ+/SAME-SEX COUPLES

**LGBTQ+ adults are more likely to report financial difficulties or live in poverty.** Twenty-nine percent (29%) of LGBTQ+ adults in the U.S. report they are financially thriving compared to 39% of non-LGBTQ+ adults. The gap between LGBTQ+ women and straight women is 12 percentage points.<sup>47</sup> Women in same-sex couples are 33% more likely to live in poverty than

women in opposite-sex married couples (7.6% in poverty compared to 5.7%). More than 1 in 4 bisexual women (ages 18-44) live in poverty (29.4%) and more than 1 in 5 LGBTQ+ women living alone live in poverty (21.5%).<sup>48</sup>

**Children in same-sex households are more likely than those in opposite-sex households to be poor.** In the U.S., children of female same-sex couples are 59% more likely to be in poverty than children of married opposite-sex couples (19.2% compared to 12.1%). Children of male same-sex couples are even more likely to be poor compared to those of married opposite-sex couples (23.4% compared to 12.1%).<sup>49</sup>

### African American and white same-sex lesbian couples face greater poverty than their opposite-sex counterparts.

Nationally, African American women in same-sex unions are twice as likely to be in poverty compared to African American opposite-sex married couples (17.9% compared to 8.0%). A similar pattern holds for white women in same-sex unions and white opposite-sex couples (5.8% in poverty compared to 4.8%). However, Latina women and Asian women in same-sex unions are less likely to be in poverty than opposite-sex married couples of the same ethnic group (Latina 12.4% compared to 16.3%; Asian 2.0% compared to 6.7%).<sup>50</sup>

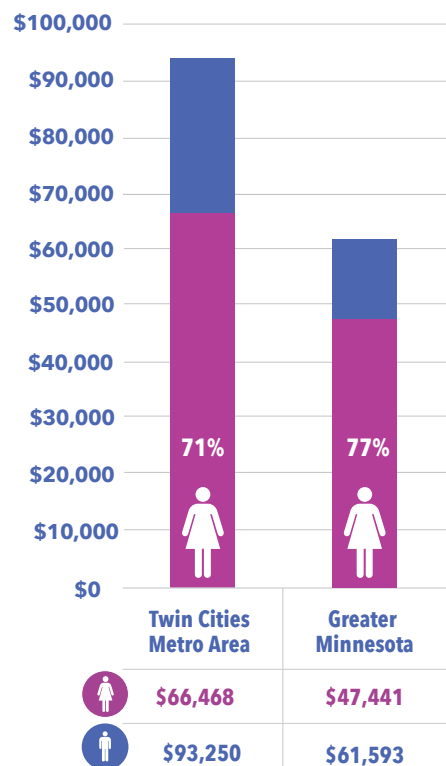
**Transgender individuals experience higher poverty rates than cisgender individuals.** The U.S. Transgender Survey of 2015 showed that nearly one-third (29%) of respondents were living in poverty, more than twice the poverty rate among the general U.S. adult population (12%). Moreover, the unemployment rate for survey respondents was 15%, three times the U.S. unemployment rate.<sup>51</sup>

### WOMEN OVER 65

**Older women are more likely than older men to live in poverty.** Women in Minnesota are more likely than men to be impoverished at age 65 and older (13% compared to 8%). A primary reason for this disparity: four times as many widowed women than men in this age group, and widowed women are much more likely to live in poverty than widowed men.<sup>52</sup>

**Social Security is crucial for older women's financial well-being, yet women's Social Security checks are smaller.** Women over age 70 who are widowed or divorced rely on Social Security benefits for a majority of their income.<sup>53</sup> Many factors contribute to the post-retirement gender-income gap: women outlive men by an average of 5 years, are more likely to become single in later life, earn less while in the workforce, and (unlike men) often exit the workforce to provide caregiving during the potential peak of their earning power.<sup>54</sup> All these factors lead to women receiving lower average Social Security benefits than men.<sup>55</sup>

### Women's Full-Time Annual Earnings as a Percent of Men's, Ages 55-64



CWGPP analysis of the American Community Survey, 2013-17.

**Affordable housing is important to social and economic stability, and home ownership can contribute to wealth. Yet, gender disparities are evident.**

### AFFORDING HOUSING

**While federal guidelines recommend spending no more than 30% of monthly income on housing, single female-headed households rarely meet this mark.** Sixty-eight percent (68%) of Minnesota's single female-headed families in rental housing and 45% of those who own their home are paying housing costs that exceed 30% of their income. The rate is even higher for Latina single mothers in rental housing: 82% pay over 30% of family income on housing, and 56% pay over half of their income.<sup>56</sup>

### High housing costs affect mental health.

A majority of Minnesota's Latina, African American, and Native American women report they are worried or stressed about having enough money to pay the rent or mortgage. Twenty-three percent (23%) of African American women and 29% of

Native American women report that they are always or usually worried (highest level of concern).<sup>57</sup>

### Costs for assisted living for older Minnesotans can be substantial.

Nationally, women constitute the large majority of long-term care facility residents: 70.6% in residential care communities, 60.3% in nursing homes short-term, and 67.9% in nursing homes long-term.<sup>58</sup> The median monthly cost of assisted living in Minnesota is \$4,000 per month. A nursing home with a semi-private room costs \$9,125 per month.<sup>59</sup> The 5-year annual growth rate for median costs of home health care, assisted living, and nursing home care in Minnesota outpaced the national average.<sup>60</sup> Women's lower wealth and lower Social Security benefits make these rates even less affordable.

### HOMELESSNESS

**The number of people experiencing homelessness in Minnesota increased 10% from 2015 to 2018.** This comes after a decline between 2012 and 2015.

Although older adults (55 and older) make up the smallest segment of those experiencing homelessness, they saw the largest increase in homelessness, up 25% between 2015 and 2018. Adults (age 25-54) experienced the next largest (20%) increase. Together, children and unaccompanied youth (under 25 years old) make up nearly half (46%) of those experiencing homelessness. This figure changed very little between 2015 and 2018 (0.2%).<sup>61</sup>

### LGBTQ+ youth are overrepresented among the homeless.

Twenty-two percent (22%) of youth (under 25) and 10% of adults (18 and older) experiencing homelessness in 2018 identify as LGBTQ+.<sup>62</sup>

**Homeless women in Minnesota are more likely than homeless men to be parents of children and living with a child in homelessness.** According to Wilder Research, about 62% of homeless women reported being a parent of at least one child (under 18) compared to 30% of

homeless men. Around 38% of homeless women had a child with them at the time of the Wilder interview compared to 4% of homeless men. Of homeless women, 43% reported they had a child (under 18) who was *not* living with them on the date interviewed. This figure is much larger (89%) for homeless men.<sup>63</sup>

**A majority of homeless women in Minnesota are chronically homeless.** Sixty-two (62%) of homeless women (18 and over) in the state are chronically homeless (homeless for at least a year or homeless at least four times in the past three years). A majority of men also report being chronically homeless (66%). Of homeless women in Minnesota, 44.6% have been without a permanent place to live for less than a year, 43.6% for one to five years, and 11.8% for more than five years.<sup>64</sup> One-percent (1%) of homeless women report having served in the U.S. military compared to almost 12% of homeless men.<sup>65</sup>

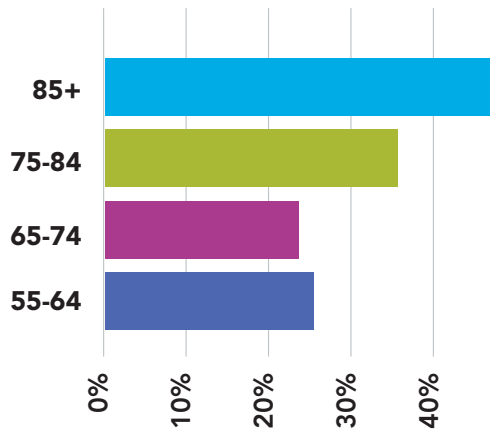
HOME OWNERSHIP

In Minnesota, home ownership disparities impact single-mother households from communities of color the most. These families are less likely to be living in a home they own, missing out on home ownership and a key building block of wealth.

**African Americans historically have faced discrimination in home ownership.** Redlining, discriminatory mortgage-lending practices, lack of access to credit, and lower incomes have created barriers to stable and reasonably priced home ownership for African Americans. For these reasons, African Americans are more recent homeowners and are more likely to have high-risk mortgages, making them more vulnerable to foreclosure and volatile housing prices.<sup>66</sup>

Rental housing affordability declines as women age

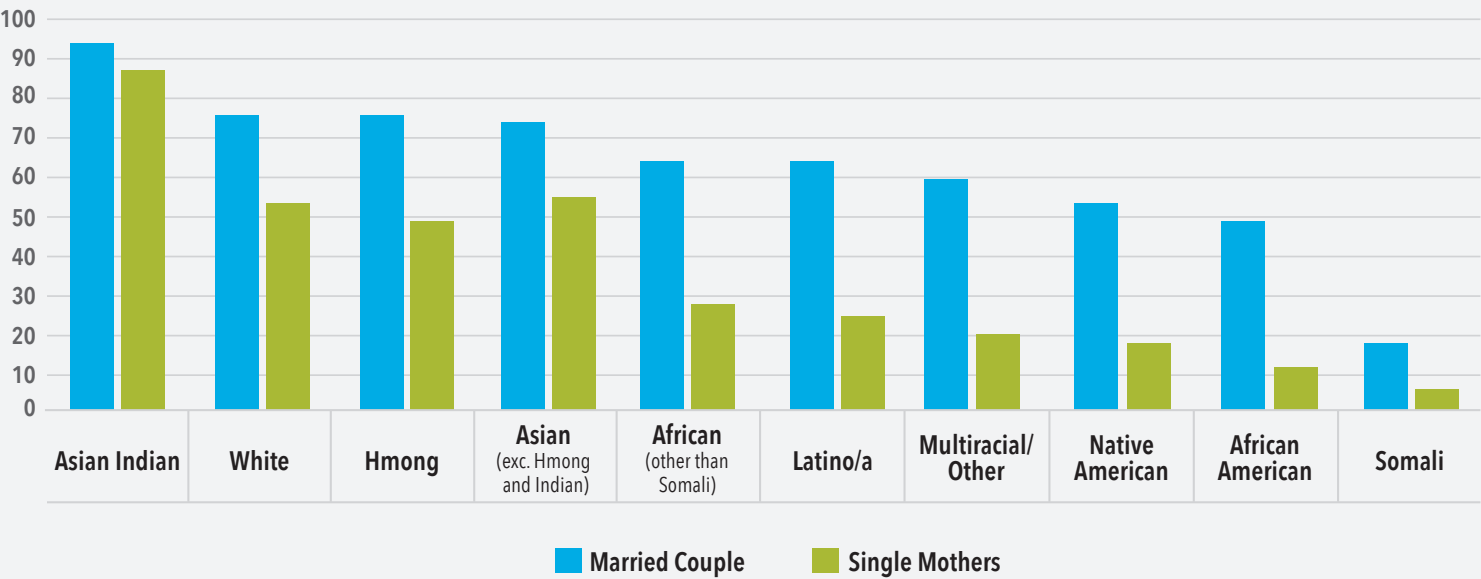
Percentage of older Minnesota women living in rental housing who spend more than 50% of their family income on rent.



Rent greater than 50% of family income

CWGPP analysis of the American Community Survey, 2013-17.

Home Ownership by Race and Family Type



CWGPP analysis of American Community Survey, 2013-17.



**Wealth, defined as the value of all assets owned by a household minus all debts, has received increased attention from those concerned about intergenerational economic mobility. Wealth is distributed more unevenly than income, and stark wealth disparities exist among U.S. racial groups. Gender combines with race along several important wealth dimensions.**

#### **Wealth provides important advantages.**

Wealth may allow families to provide their children with better education, purchase homes or rent in safe neighborhoods, provide an economic cushion in hard times, cover the costs of unexpected health crises, and retire in comfort. Children born into wealthy families are six times more likely to become wealthy than children born into poor families.<sup>67</sup>

#### **Four key factors drive the wealth gap:**

lifetime household earnings, education, homeownership, and financial support or inheritance.<sup>68</sup> Home ownership is the most important building block to wealth for Black families.<sup>69</sup> Historical public policies advancing wealth accumulation for some and not for others and institutional discrimination have contributed to the racial wealth gap in the U.S.<sup>70</sup> Moreover, work instability affects communities of color disproportionately, with periods of unemployment and incarceration driving down wealth accumulation.<sup>71</sup>

#### **The gender wealth gap is principally driven by inequalities in lifetime earnings.**

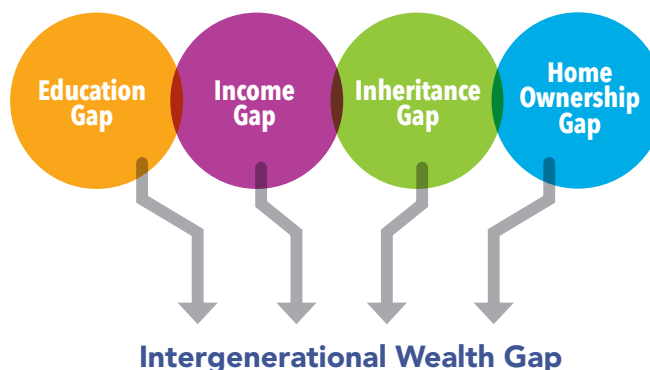
A series of studies, including in neighboring Wisconsin and nationally, have found that the gender wage gap, experienced over a lifetime, is one of the most important drivers of the wealth gap between women and men, whether married or never married.<sup>72</sup> The gender wage gap affects single women, women of color, and Native American women especially and contributes to women's greater vulnerability to poverty in old age.

#### **Race is a key factor in intergenerational mobility.**

Nationally, Black and Native American children, relative to white children, are not experiencing upward mobility and are more likely to be downwardly mobile. A Black child born to parents in the top fifth of income earners is as likely to fall to the bottom fifth of all incomes as they are to remain in the top.

By contrast, white children are nearly five times as likely to remain in the top fifth as they are to fall to the bottom. Black children born to parents in the bottom fifth of all household incomes have a 2.5% chance of rising to the top fifth, compared with 10.6% for white children. Latinas(os), however, are moving up significantly in the income distribution across generations.<sup>80</sup> Social mobility in the U.S. varies extensively both across cities and across neighborhoods within cities.<sup>81</sup>

**It all ties together.** Education disparities, earnings gaps, unstable employment, lack of access to benefits (health, retirement, and sick leave), use of disadvantageous financial products such as payday loans and credit card debt, housing disparities, and homelessness all contribute to the stark differences in intergenerational mobility. Many of these differences have their roots in both gender and racial biases.



## Debt

**Women experience higher debt of all kinds than men, further contributing to a gender wealth gap.**

**Lower wages lead to higher debt burdens for women than men.** Nationally, on average, single women have higher total debt outstanding than single men.<sup>73</sup>

**Women hold almost two-thirds of the total outstanding student debt in the United States.** As of early-2019, this amounts to almost \$929 billion.<sup>74</sup> Undergraduate women are more likely to take on debt (44%) than undergraduate men (39%) based on national data from 2011-2012. Women are also more likely to take on larger annual student loans than men at every degree level (except professional doctorate) and almost all institution types. For students graduating with a bachelor's degree, women on average have higher cumulative student debt than men by about \$1,500, which is over 7% of average cumulative student

debt. African American women graduating with a bachelor's degree have on average the largest cumulative student debt compared to any other group. In part because of the gender wage gap, after graduation women repay their loans slower than men.<sup>75</sup>

**Student debt affects the majority of Minnesota graduates.** In 2017, 63% of Minnesota graduates with an associate degree and 68% of graduates with a bachelor's degree had debt. In Minnesota, median student loan debt for graduates is \$16,594 for those with an associate degree and \$25,521 for those with a bachelor's degree.<sup>76</sup>

**More college men than women surveyed have no student debt.** Of Minnesota two-year college student respondents, 39.4% of men indicated a student loan balance of \$0, while 30.7% of women indicated the same. For college students in four-year schools, 31.8% of men indicated a student loan balance of \$0 compared to 26.9% of women.<sup>77</sup>

#### **Women take on more credit card debt.**

Research shows that women and men own credit cards in equal numbers, but women were more likely to carry a balance (60% compared to 55% of men), more likely to pay the minimum payment on their cards (42% compared to 38%), and more likely to be charged a late fee (29% compared to 23%). Certain demographic characteristics (e.g., education, age, income), income shocks, and financial literacy levels largely explain women's differences with men.<sup>78</sup>

**Single female-headed families are more likely than married-couple families to not have a bank account.** In the Midwest, unmarried female-headed families are over 15 times more likely than married-couple families to not have a bank account (18.2% compared to 1.2%) and almost twice as likely to rely on payday loans, pawn shops, or refund anticipation loans (24.7% compared to 13.4%).<sup>79</sup>

## SECTION 2

# Safety

In 2018, the #MeToo movement brought greater attention to gender-based violence and sexual harassment in the U.S. and around the globe. It also united women – at times across color and class lines – in calls to end abuse and make policy more responsive.

The 1993 United Nations Declaration on the Elimination of Violence Against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.” It has been recognized by the UN as both a form of discrimination and a human rights violation.

Women and girls in Minnesota are harmed by gender-based violence across their lifetimes, in their homes, on the streets and in public institutions like schools, workplaces, and the criminal justice system. The consequences of this violence include depression and suicidal thoughts and attempts, chronic disease and health problems, teen pregnancy, substance abuse, homelessness, lost economic productivity, and a lack of personal security.

### VIOLENCE GROWS OVER A LIFETIME



**1 in 2 Minnesotan women report sexual violence, and**

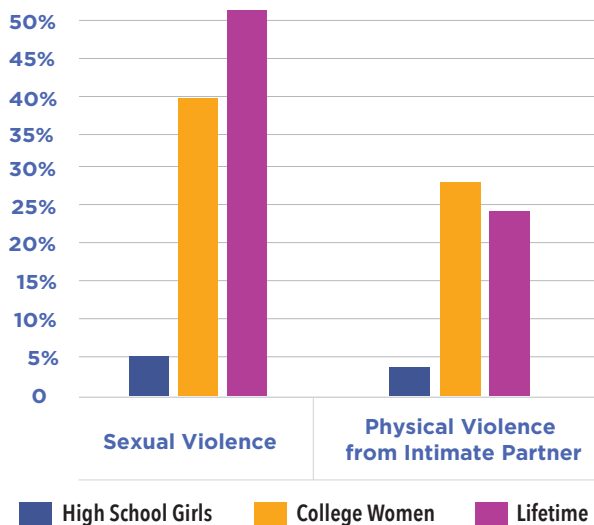


**1 in 4 report physical violence**

**from an intimate partner at some point during her lifetime.**

### Minnesota Women & Girls Reporting Sexual Violence (in General) and Physical Violence

*from an Intimate Partner on Selected Surveys*



CWGPP analysis of Minnesota Student Survey 2016, Minnesota College Student Health Survey 2018, and National Intimate Partner and Sexual Violence Survey 2015.<sup>1</sup>

## SEXUAL HARASSMENT, ADULTS

**Sexual harassment is a pervasive, chronic problem that can have enduring psychological, health, and financial consequences.**

**Sexual harassment remains a pervasive problem in Minnesota.** Sixty-three percent (63%) of Minnesota women say they have been sexually harassed.<sup>2</sup> Using a broader definition, a national survey found that 81% of women had experienced sexual harassment or assault in their lifetime, more than 77% had experienced some form of verbal sexual harassment compared to 34% of men, and 51% had experienced being sexually touched in an unwelcome way compared to 17% of men.<sup>3</sup>

**LGBTQ+ people face sexual harassment.** Fifty-one percent (51%) of LGBTQ+ people say they or an LGBTQ+ friend or family member have been sexually harassed because of their sexual or gender identity. Fifteen percent (15%) of LGBTQ+ people who may have needed help avoided calling the police because they were worried about discrimination against them. More LGBTQ+ people of color (30%) than white LGBTQ+ people (5%) reported avoiding calling the police for this reason.<sup>4</sup>

**Sexual harassment differs across industries.** Women in male-dominated fields are more likely to report sexual harassment than those in other fields.<sup>5</sup> Rates are especially high in the tech industry, where 59.9% of respondents to a survey indicated that they knew someone or they personally experienced sexual harassment in the workplace.<sup>6</sup>

**Women may be at increased risk for sexual harassment based on occupational clustering.** Risk factors for sexual harassment at work include working for tips (such as in accommodation and food services) and working in isolated spaces (such as janitors, domestic care workers, hotel workers, and agricultural workers). Many of these are occupations where Minnesota women workers, and women of color specifically, are concentrated. Another risk factor is lack of legal immigration status.<sup>7</sup>

**Sexual harassment has health consequences.** Victims of sexual harassment report more depression, stress, anxiety, and post-traumatic stress (PTS). Some studies have even found links between sexual harassment and eating disorders for women.<sup>8</sup> In another study of 304 midlife women, those who had experienced workplace sexual harassment were more likely to have high blood pressure and poor sleep than women without this history. Women who had experienced sexual assault were more likely to report symptoms of depression, anxiety, and poor sleep than women who had never experienced sexual assault.<sup>9</sup>

**Sexual harassment in the workplace has consequences for employers.** Employees who are sexually harassed at work are less satisfied and less productive in their jobs.<sup>10</sup> A study following a group of Minnesota 9th grade girls since 1988 examined how sexual harassment affects women in the early stages of chosen careers. The women switched jobs, industries, and reduced work hours, sometimes resulting in a precipitous drop in earnings. Some women also pursued “less lucrative careers where they believed sexual harassment and sexist practices would be less likely to occur.”<sup>11</sup> For employers, the consequences are high employee turnover and loss of investments in the skills of their workforce.

**Propelled by the #MeToo movement, the Minnesota House sought to make it easier for victims of harassment to obtain justice.** The House passed a bill by a 113-to-10 vote in March 2019 to eliminate the “severe or pervasive” legal standard for sexual harassment that prevents many sexual harassment cases from going to court. While it did not pass into law that session, changing this standard is critical to addressing sexual harassment.<sup>12</sup>

**In 2019, the Minnesota Legislature updated its sexual harassment policy.** Now, each report of sexual harassment that involves a staff member will either be investigated internally or through a hearing with a retired judge. The policy prior to this change only applied to direct staff and lawmakers. As a result of the change, the policy applies also to vendors, lobbyists, and constituents at the Capitol.<sup>13</sup>

## GIRLS AND YOUNG WOMEN

**Harassment and bullying start early in life.**

**Being a girl, overweight, from a visible immigrant group or nonbinary all provoke harassment or bullying.** Approximately 1 in 4 Minnesota 9th grade girls report “unwanted sexual comments, jokes, and gestures.” One-third to one-half of overweight girls report harassment or bullying based on their appearance; 35% of Somali girls report the same based on ethnicity and national origin. Four in 10 Minnesota transgender and nonbinary 9th and 11th grade students report being bullied based on their appearance, and 50% who identify as lesbian report harassment based on their sexual orientation.<sup>14</sup>

**Racial minorities in rural areas report greater levels of bullying than in the Twin Cities metro area.** Asian American and African American 8th, 9th, and 11th grade girls report higher levels of bullying in rural areas of the state. Thirty-four percent (34%) of Asian American and African American girls in Greater Minnesota report bullying or harassment based on race, compared to 22% in the metro area.<sup>15</sup>

**Schools are generally a safe and supportive place for LGBTQ+ youth, but discrimination still intrudes.** Ninety-four percent (94%) of Minnesota straight, cisgendered girls agree that they feel safe at school, and 86% of bisexual or lesbian girls and 77% transgender and nonbinary students report the same.<sup>16</sup> While nearly all (98%) LGBTQ+ student survey respondents in Minnesota could identify a school staff member supportive of LGBTQ+ students, only 27% were taught positive representations of LGBTQ+ history or people. Over half (54%) experienced at least one form of anti-LGBTQ+ discrimination at school during the past year. Around 58% of transgender students reported being unable to use the school bathroom aligned with their gender. A large majority of LGBTQ+ students in Minnesota regularly (sometimes, often, or frequently) heard anti-LGBTQ+ remarks: for example, 85% heard “gay” being used in a negative way.<sup>17</sup>

## THE CONSEQUENCES OF BULLYING IN MINNESOTA ARE SIGNIFICANT

Reported mental health outcomes for Minnesota 9th and 11th grade girls who have been bullied weekly or more.

69%

Bothered by feeling down, depressed, or hopeless

42%

Seriously considered committing suicide

35%

Hurting or injuring self, such as cutting, burning, or bruising

18%

Attempted suicide during the last year



## Sexual violence affects Minnesota women and girls throughout their lifetimes.

**Minnesota girls experience pressure to have sex.** Twelve percent (12%) of 11th grade girls in the Twin Cities metro area and 15% in Greater Minnesota report being pressured to have sex by a date.<sup>18</sup>

**Family violence affects Minnesota girls.** Eight percent (8%) of 11th grade girls in Minnesota report sexual abuse inside or outside of their family at some point in their life. The highest levels are among Native Americans (15%) and Latinas (14%).<sup>19</sup>

**Runaway youth are especially at risk for sexual exploitation and related trauma.** A trauma-informed program for sexually exploited youth in Ramsey County found that 73% of sexually exploited runaway youth in their program screened positive for possible post-traumatic stress disorder (PTSD).<sup>20</sup> These youth are also more likely to identify as LGBTQ+: three times as many lesbian girls and transgender or nonbinary Minnesota students in 8th, 9th, and 11th grade report running away from home or living in a shelter on their own as their straight, cisgendered counterparts.<sup>21</sup>

**Sexual assault is all too common among female college students.** Nearly 2 in 5 (39.9%) Minnesota female students who completed the 2018 College Student Health Survey reported they had experienced sexual assault at some point in their lives, with 10.5% experiencing an assault within the past year. This is a dramatic increase from the 2015 survey (22.4% increase), possibly reflecting higher awareness due to the #MeToo movement. Male students experienced lower sexual assault rates, 14% at some point during their lives and 3.8% within the past year. Of students who indicated they have experienced a sexual assault at some point during their lives (31.4%), more than half (52.6%) reported the incident.<sup>22</sup>



The number of female college students who are sexual assault survivors

Minnesota College Student Health Survey, 2016.

**Women in Minnesota face a high likelihood of experiencing sexual violence and rape in their lifetime.** Forty-two (42%) of Minnesota women reported sexual violence in their lifetime, 20% rape or attempted rape, and 13%

rape with penetration.<sup>23</sup> Less than 10% of Minnesota sexual assault victims reported the most recent sexual violence instance to the police. Most (66%) of these assaults were perpetrated by a current or previous intimate partner.<sup>24</sup> Nationally, 45.6% of Native American women report sexual violence other than rape at some point in their lives followed by 38.9% of non-Hispanic white women, 35.5% of Black women, 26.9% of Latinas, and 22.9% of Asian women.<sup>25</sup>

**Older women may also face abuse including sexual mistreatment as they move into assisted living or nursing home facilities.** Because women live longer, they are the majority of residents in Minnesota's nursing homes assisted-living facilities. Nationally, an estimated 1 in 10 women over 60 reported abuse (emotional, physical, or sexual) or neglect in the past year.<sup>26</sup>

**In 2015 in Minnesota, there were an estimated 477,000 female rape victims.**<sup>27</sup>

**Native American women face violence at shocking rates.** Almost 85% of Native American women have experienced violence and more than half (56.1%) have experienced sexual violence in their lifetime. Native American women are 20% more likely than white women to have experienced violence at some point in their lives and 70% more likely to have experienced violence in the past year. Native American women are also more likely than white women to have experienced physical violence by an intimate partner, stalking, and psychological aggression at some point during their lives.<sup>28</sup>

**Fatal violence affects transgender women of color.** Trans women face barriers to employment, housing, and healthcare, which renders them vulnerable to violence. In 2018, nationally, advocates recorded 26 deaths of transgender people due to

fatal violence, the majority of whom were Black transgender women. So far in 2019, at least 21 transgender people have died from fatal violence. While some of these cases involved anti-transgender bias, in other cases, transgender status created vulnerabilities, such as homelessness.<sup>29</sup>

**LGBTQ+ youth are overrepresented among homeless youth, while homelessness and running away are significant risk factors for sexual exploitation and other forms of violence.**

Twenty-two (22%) percent of Minnesota's young people (under 25) experiencing homelessness identify as LGBTQ+, while 11% of high school students identify as LGBTQ+.<sup>30</sup>

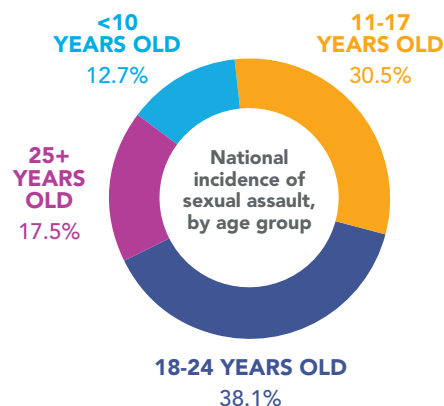
**Homeless women are more likely to be childhood victims of abuse than homeless men.** About 49% of homeless women experienced physical abuse as a child compared to 36% of men. Forty-two percent (42%) of homeless women experienced sexual abuse as a child compared to 16% of men. Around 60% of homeless women witnessed abuse of a family member as a child compared to 43% of homeless men.<sup>31</sup>

**Sex trafficking remains an issue in Minnesota for women and girls.**

According to the Minnesota Uniform Crime Report, agencies reported 183 incidents of human trafficking (including sex and involuntary servitude) in 2018. Among the victims, 46 were female, 4 were male, and the gender was not identified among the remaining 126.<sup>32</sup> Between July 2015 and June 2016, 826 sexually exploited youth from 55 different counties were referred to and served by a Safe Harbor provider. The youth who received services were mostly girls (85%) and were on average 15 years old. One percent (1%) of the youth served were identified as transgender or gender non-binary.<sup>33</sup>

## The Vast Majority of Victims of Sexual Assault (81.3%) in the United States Were First Assaulted by Age 25.

CWGGP analysis based on Centers for Disease Control 2015 National Intimate Partner and Sexual Violence Survey. Results do not sum to 100 percent as victims with unknown age are not represented in the figure.





### Safe Harbor Legislation Supports Youth Victims of Trafficking

In 2011, Minnesota's Safe Harbor for Youth Law went into effect, with modifications in 2014 and 2016. This law considers sexually exploited victims, age 24 and younger, to be in need of services rather than criminals. The law's "No Wrong Door Model" implements a multi-state agency approach to ensure that wherever a minor who is being trafficked or at risk of being trafficked interacts with the criminal justice system, they can be identified and directed towards victim-centered services.<sup>34</sup> Analysis of the impact of Safe Harbor for Youth suggests that access to services and shelter has increased and quality of services has improved, community awareness about sexual exploitation has heightened, and law enforcement better supports victims. State funding now provides over \$13 million dollars biannually for Safe Harbor implementation.<sup>35</sup>

The Minnesota Legislature is considering extending Safe Harbor to adults over 24. Findings from a statewide strategic planning process indicate that under the current, full criminalization approach, all people who have been involved in transactional sex under the current system face significant harms, such as stigma. Additionally, most stakeholders identified decriminalization of selling sex as the best approach to prevent and reduce those harms.<sup>36</sup>

**Intimate partner violence is deadly for Minnesota women.** At least 24 Minnesotans in 2017 were killed by violence from a current or former intimate partner. Nineteen of these victims were adult women and five were friends, family, or bystanders. Seventy-four percent (74%) of the adult women victims lived in the Twin Cities metro (home to 58% of Minnesota's residents) and 26% in Greater Minnesota.<sup>37</sup>

**Domestic violence impacts Minnesota children.** One hundred and sixteen (116) Minnesota children (minors and young adults) lost their mothers to domestic violence from 2014 to 2017. In 2017 alone, children were either present at the time of the murder or discovered the body in 26% of the 19 cases where adult women were murdered by a current or former intimate partner.<sup>38</sup> Minnesota's 8th, 9th, and 11th grade girls who have been the victims of physical abuse or witnessed domestic violence in the home are much more likely to have suicidal thoughts (60%) or attempt suicide (28%) than their counterparts (20% and 6%) who have not experienced domestic violence.<sup>39</sup>

**Minnesota domestic violence service providers supply important supports for victims, but a lack of resources can be a problem.** On an average day in 2017, Minnesota providers served over 2,351 victims of domestic violence (38% received shelter). Another 321 requests for services were unmet due to lack of resources.<sup>40</sup>

**Domestic violence victims often need housing in order to escape but cannot obtain it.** In 2018 in Minnesota, 53% of

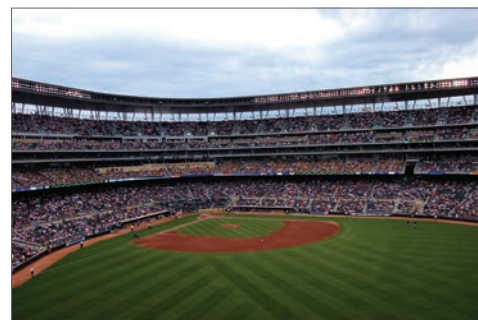
homeless women (over 18) and 43% of homeless female youth (24 or younger) stayed in an abusive situation because they did not have other housing options, compared to 25% of homeless men and 27% of homeless male youth. Other women left their relationship despite absence of housing options: 37% of homeless women reported fleeing domestic violence, up from 29% in 2009.<sup>41</sup>

**Domestic violence remains underreported.** Nationally, 56% of all nonfatal domestic-violence victimizations were reported to police. In 39% of these cases, the offender was arrested or charges were filed.<sup>42</sup> Of the 28% of Minnesota female college students who report having experienced domestic violence in their lifetime, 52.3% reported the incident. Of male college students, 16.4% experienced domestic violence and 34.5% reported it.<sup>43</sup>

**Domestic violence can have mental health consequences.** Seventy-seven percent (77%) of girls from homes with domestic violence reported depression and hopelessness, 48% hurt themselves, and 58% contemplated suicide. Sixteen percent (16%) of girls living with domestic violence attempted suicide at some point, compared to 3% for those from homes without violence.<sup>44</sup>

**College students in Minnesota who experience violence are vulnerable to depression.** Among those surveyed, 50.9% of female college students who identified as victims of sexual assault reported a depression diagnosis within their lifetime, compared to 36.1% of male victims. In the same survey,

54.2% of female college students who identified as victims of domestic violence also reported being diagnosed with depression, compared to 36.3% of male victims. These rates are more than double the lifetime depression rates reported among students who have not experienced sexual assault or domestic violence within their lifetime (22.7% for female, 15.8% for male).<sup>45</sup>



We could fill Target Field almost

# 18 times

with the number of Minnesota women who have experienced rape, physical violence, and/or stalking.

*Analysis performed using the Centers for Disease Control's NISVS 2015 data estimates that 704,000 Minnesota women in 2015 were survivors of violence. Target Field holds 39,504 people.*

CWGPP analysis based on Centers for Disease Control 2015 National Intimate Partner and Sexual Violence Survey.<sup>46</sup>

## MURDERED & MISSING INDIGENOUS WOMEN

In 1953, the federal government authorized the state of Minnesota to prosecute crimes in Indian Country through Public Law 280. As a result, it is the responsibility of Minnesota authorities to address the state's mounting numbers of missing and murdered Indigenous women, on and off of reservations.

**Accurate data estimates of the violence against Native American women and of missing Native American women are difficult to obtain.** The involvement of multiple jurisdictions – tribal, county, state, and federal – means different reporting requirements and investigation processes. These disconnected reporting systems, along with under reporting or misclassification, limited sample sizes, and law enforcement agencies that do not consistently log information into national databases nor use the same reporting databases, make obtaining these numbers difficult.<sup>47</sup> Minnesota's jurisdiction under Public Law 280, however, should make state data gathering easier.

**Despite data challenges, it is clear Native American women and girls in the U.S. face extreme rates of murder and disappearance.** The Sovereign Bodies Institute has documented 2,018 cases of

missing and murdered Indigenous women and girls in the United States since 1900, 75% of these since 2000. Of these victims, 37% are missing, 59% murdered, and 4% unknown (meaning they were posted as missing and have since had their post removed without clarification as to whether they were found safe or deceased). The average victim age is 27, and nearly half (41%) are girls age 18 or younger. The data include 150 tribal nations and 43 states. Of those incidents where location has been determined, about half took place in rural and reservation areas, and half in urban areas.<sup>48</sup>

**Missing Minnesota Indigenous women and girls are rarely registered in the national missing persons database.**

According to the National Crime Information Center, while there are 5,712 reports of missing Native American and Alaska Native women and girls nationally, only 116 cases have been logged in the U.S. Department of Justice's federal missing persons database, NamUs.<sup>49</sup> According to Sovereign Bodies Institute, of these 116, seven are from Minnesota, and three of the Minnesota cases are misclassified as white or race unknown. Sovereign Bodies Institute has documented an additional 45 missing Native women and girls in the state that are not in NamUs. This means only about 1 in 8 Native women and girls who go missing in Minnesota are entered into the national missing persons database.<sup>50</sup>



**SOVEREIGN  
BODIES  
INSTITUTE**

**There are 119 cases of missing and murdered Indigenous women and girls in Minnesota since 1919.** Ninety percent (90%) of these cases occurred in 2000 or later. Of these, 44% are missing, 50% murdered, and 6% unknown. Among these cases, at least eight tribal nations are represented and the average victim age is 24. Nearly half (45%) of all victims are girls age 18 or younger. Where incident location is available, 55% occurred on reservations and rural areas, and 45% in urban areas.<sup>51</sup>

**Minnesota takes steps to tackle the crisis of missing and murdered Native American women.** With bipartisan support in both the House and Senate, the 2019 Minnesota Legislature voted to create a statewide task force on missing and murdered Indigenous women. The task force will examine and address the generations-long, systemic causes of this violence against Native women and develop community-led and community-informed prevention strategies.

## Boys, Men, and Rigid Masculinity

**Men who internalize rigid masculine norms are more likely to perpetrate sexual harassment.** In the United States, researchers have quantified the economic impact of stereotypical and "rigid" masculine ideas. Rigid masculine ideas are a set of beliefs, communicated by family, media, peers, and other sectors of society that place pressure on men to act in set of narrow, conventionally "masculine" ways, such as using aggression to resolve conflicts. Among men who most internalize society's conventional messages about how men should behave, there are links to rape culture and sexual harassment.<sup>52</sup> These men are six times more likely to report perpetrating sexual harassment than men that do not internalize these norms.<sup>53</sup>

**Rape and domestic violence are correlated with internalizing conventional masculine norms.** According to a review of 293 studies, narrow and conventional ideas of masculinity are associated with rape, while other studies have found evidence that supported a relationship between these fixed forms of masculinity and partner violence.<sup>54</sup>

**Changing societal norms that promote more inclusive forms of masculinity can reduce violence against women and girls.** A review of interventions found that "community-based interventions to form gender equitable attitudes among boys and girls have successfully prevented IPV [intimate partner violence] or SV [sexual violence]".<sup>55</sup>

**Rigid masculine norms are directly related to risky health behaviors.** Research shows masculine norms are related to men engaging in having multiple concurrent sexual partners, low condom use, early sexual debut (having sex at 14 years old or younger), and inequitable sexual decision-making—all behaviors that impact women.<sup>56</sup>

### Violence & Abuse Have Multi-Generational Consequences

NOT SEXUALLY ABUSED  
11th GRADE BOYS

SEXUALLY ABUSED  
11th GRADE BOYS

1%

Have hit, slapped or physically hurt girlfriend

19%

2%

Have pressured girlfriend into having sex

25%

1%

Have been involved in a pregnancy

11%

CWGPP analysis of Minnesota Student Survey, 2016.



**While women represent only about 7% of Minnesota’s prison population, many of Minnesota’s women prisoners are mothers with primary caregiving responsibilities.**<sup>57</sup> Among Minnesota prisoner survey respondents, more women (76.4%) than men (66.0%) reported being a parent to minor children, and more mothers lived with children in the month prior to arrest (66.1%) than fathers (55.5%).<sup>58</sup> Nearly two-thirds (59%) of the women presently incarcerated at the Shakopee Correctional Facility resided in communities outside of the seven-county Twin Cities metro area, often times making the distance from home to Shakopee too far for relatives, especially children, to visit.<sup>59</sup>

**Lesbian and bisexual women are overrepresented in prison populations.** In the U.S., lesbian and bisexual women represent 42.1% of the female prison population and 35.7% of the jail population, compared to the total gay and bisexual male populations in prison (9.3%) and in jails (6.2%). The proportion of lesbian and bisexual women in prisons and jails is higher than in the U.S. population (8 times higher in jails,

10 times higher in prisons). Compared with straight inmates, sexual minorities were more likely to have been sexually victimized as children, as well as while incarcerated.<sup>60</sup>

**Native American women in Minneapolis disproportionately face police stops.** While 1.42% of women in Minneapolis identify as Native American, Native women represent 6.43% of Minneapolis police stops (vehicle and non-vehicle stops), according to research using data from the Minneapolis Police Department between November 2016 and September 2018. After being stopped, Native American women were searched 28% of the time, twice as often as women of any other race. While Native American women were only 2% of all women stopped for traffic violations, they were 24% of all women stopped for being a “suspicious person.”<sup>61</sup>

**Native American women in Minnesota are disproportionately incarcerated.** The proportion of Native American women sentenced to prison in Minnesota (14.7%) is significantly higher than the proportion for women of all other races (11.5%).<sup>62</sup>

**Girls in Minnesota’s juvenile correctional facilities have experienced physical abuse.** Forty percent (40%) of girls (compared to 21% of boys) surveyed in Minnesota correctional facilities report that an adult in the home physically abused them; 36% lived with adults who physically hurt each other (compared to 14% of boys); 47% report forced unwanted sexual touching by an adult outside of the family (compared to 9% of boys); and 25% report forced unwanted sexual touching by a family member (compared to 5% of boys).<sup>63</sup>

**Mass incarceration has impacted a significant portion of Minnesota’s young women.** While 15% of 9th and 11th grade girls report that a parent has been in jail or prison at some point, the proportion rises to 50% for Native American, 28% for Latina young women, and 23% for African American. Young women from Greater Minnesota are also more likely than average to have had a parent incarcerated (20%).<sup>64</sup>

School discipline of Minnesota girls varies by race, ethnicity, and LGBTQ+ identity

	Sent to Office	In-School Suspension	Out-of-School Suspension
African American	11.6%	7.5%	5.2%
Somali	8.4%	5.8%	4.2%
Native American	15.1%	9.1%	5.2%
Latina	7.9%	4.2%	1.9%
White	3.2%	1.0%	0.4%
Asian American	1.6%	0.5%	0.4%
Hmong	2.5%	1.7%	1.0%
LGBTQ+			
Lesbian/Gay	7.0%	3.7%	2.0%
Bisexual	8.6%	3.3%	2.3%
Trans**	7.4%	2.3%	1.7%
Heterosexual	3.9%	1.3%	0.7%

\*\* Student considers themselves transgender, genderqueer, genderfluid or unsure about their gender identity

CWGPP analysis of responses from 9th and 11th grade girls in the 2016 Minnesota Student Survey.



## SECTION 3

# Health

Health, as defined by the World Health Organization, is a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>1</sup>

The foundations of good health begin in our homes, schools, neighborhoods, and workplaces. But these places also often harbor inequities that impact the health of women and girls in our society.

By many measures, Minnesota appears to be a leader in health care access and outcomes for women and girls. But when we scratch below the surface and disaggregate the data, we find persistent, and in some cases growing, health inequities for women and girls of color, Native American women and girls, LGBTQ+ people, and women and girls in Greater Minnesota. The data show that not only do Native American women and girls have the greatest health disparities in the state, their health outcomes are worse than those of Indigenous women nationally. Reducing health disparities and increasing positive health outcomes for all Minnesota women and girls requires economic opportunity, increased physical activity, access to affordable and healthy foods, safe housing and neighborhoods, mental health services, and policies that ensure affordable access to high-quality health care.

### PHYSICAL ACTIVITY / SPORTS PARTICIPATION

Physical activity is one foundation for good physical health, but in Minnesota, women’s and girls’ physical activity trails that of men and boys.

#### Minnesota girls of color and Native American girls are less likely than white girls to participate in sports.

Twenty-seven percent (27%) of white girls participate in sports daily compared to 11-15% of girls of color and Native American

girls. White girls are nearly as likely as white boys to participate in sports daily, while girls of color and Native American girls are just over half as likely as boys of color and Native American boys to participate.<sup>2</sup>

#### Immigrant girls have lower sports participation rates than both immigrant boys and their non-immigrant peers.

Within immigrant families, girls have lower rates of athletic participation compared to boys. Immigrant girls also have lower rates

of athletic participation when compared to non-immigrant girls.<sup>3</sup> In Minnesota, only 31% of Somali girls participate in sports, compared to 55% of Somali boys and 42% of non-Somali African American girls. Less than one-third of Hmong girls participate in sports (slightly less than boys), while 62% of white girls participate (same as boys).<sup>4</sup> Research suggests that a variety of societal, gender, religious, and cultural factors present barriers for immigrant girls.<sup>5</sup>

### NUTRITION / FOOD DESERTS

Good nutrition is an important component of physical health, yet many women and girls face barriers to obtaining healthy foods.

Cost can be a significant barrier to nutritious meals for women and their families. In Minnesota, more than 1 in 3

#### Minnesota’s teenage girls are less likely than boys to be physically active

Percentage of Minnesota’s 9th and 11th graders that are physically active for 60 minutes or more daily

CWGPP analysis of Minnesota Student Survey, 2016.



Black and Native American women and more than 1 in 4 Latina women reported they couldn't afford nutritious meals in the past year, with women more likely (16%) than men (13%) to experience this.<sup>6</sup> While price and distance are both barriers to accessing healthy food, price is the greater barrier.<sup>7</sup> Girls of color and Native American girls in Minnesota are two to three times more likely than white girls (8-11% versus 4%) to report that they skipped meals due to lack of family funds to buy food.<sup>8</sup> Bisexual and trans women (18 years and older) are more likely (31%) than gay, bisexual, or trans men (22%) to report not having enough money for food at some point in the past year. While 23% of lesbian or bisexual women used Supplemental Nutrition Assistance Program (SNAP) in the past year, only 16% of straight women and 10% of gay and bisexual men turned to this form of food support.<sup>9</sup>

**Access to healthy food is not equally distributed across Minnesota.** About "1.6 million Minnesotans (30%) have low retail access to healthy food, based on their distance to a full-service grocery store." Minnesota ranks among the 10 worst in the nation for its proportion of residents with low retail access. Of those with low retail access, 21% are low-income, 12% are seniors (age 65 or older), 26% are children (age 0 to 17), 4% are Black, and 4% are Latina(o). Sixteen percent (16%) of Minnesota census tracts qualify as federally designated food deserts – areas that are both low-income and low-access measured by distance.<sup>10</sup> Women who are low-income, live in rural areas, and single heads of household may face the highest barriers to healthy food access.<sup>11</sup>

## HEALTH RISKS AND THE WORKPLACE

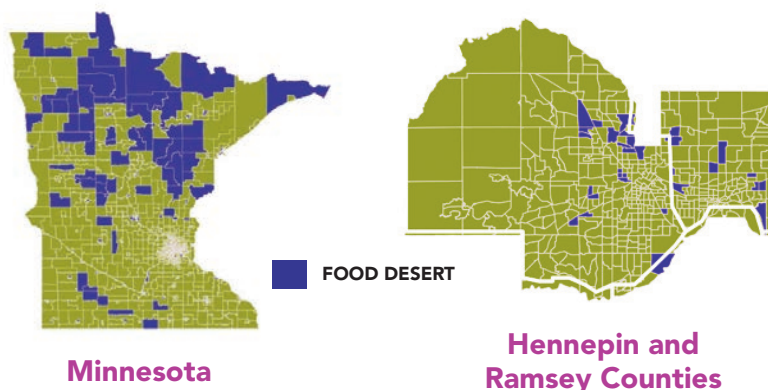
**Female-dominated professions entail specific health risks.** For example, women may face adverse health effects from working in cosmetology professions because of exposure to potentially dangerous chemicals. Domestic care workers may face work-related injuries, such as musculoskeletal injuries. Waitresses and cashiers may face back injuries from standing or repetitive movement injuries.<sup>13</sup> Lifting and moving patients result in higher injury rates for nursing assistants than construction workers.<sup>14</sup> Those in the health care and social assistance industry (where 4 out of 5 workers are women) have rates of intentional injury by another person almost four times higher than those in private industry, overall.<sup>15</sup>

## DISEASES

**While Minnesota is a leader in women's health outcomes, when disaggregated by race, Native American women and women of color have much higher rates of disease-related mortality than white women.**

## FOOD DESERTS AFFECT 341,000 MINNESOTANS.<sup>12</sup>

*Food Deserts in Minnesota and the Twin Cities Area*

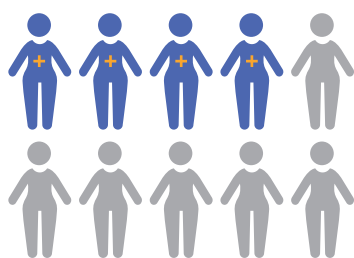


CWGP maps created using USDA Economic Research Center's Food Access Research Atlas 2015 data and TIGRIS census tract shapefiles. Food deserts are low-income census tracts where a significant proportion of residents live more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

**Cancer is a leading cause of death for Minnesota women.** Forty-two percent (42%) of Minnesota women will be diagnosed with a potentially serious cancer. Native American females have the highest incidence and mortality from all cancers for women in Minnesota. Generally, Native Americans in Minnesota have cancer rates two or more times that of the United States.<sup>16</sup>

**Minnesota women of color and Native American women are at greater risk than white women of developing and dying from certain kinds of cancer.** In 2012 in Minnesota, the leading cause of cancer death in men and women was lung cancer. However, for Native American women in Minnesota, lung cancer mortality was three times higher than nationally. As the most commonly diagnosed cancer for women, breast cancer (1 of every 3 cancers) is the second leading cause of cancer deaths for women in Minnesota. While white women in Minnesota are at the greatest risk of being diagnosed with this cancer, African American women are at the greatest risk of dying from it, in part because of later-stage diagnosis (50% compared to 35%). Native American women are diagnosed with cervical cancer four times more than white women in Minnesota.<sup>17</sup>

## 42% Minnesota Women Diagnosed with Potentially Serious Cancer



American Cancer Society, Inc., "Minnesota Cancer Facts & Figures 2015" (MDH, Minnesota Cancer Alliance, American Cancer Society Midwest Division, October 2015)

**While mortality rates due to heart disease and stroke have been trending down in Minnesota, they remain shockingly high for Native American women and some women of color.**

Minnesota has lower mortality rates due to heart disease for women from all racial/ethnic groups than the United States as a whole, except Native Americans.<sup>18</sup> Minnesota Native Americans die from heart disease at rates higher than every other race and ethnic group in the state; their mortality rates are around 50% higher rates than whites.<sup>19</sup> African Americans and Asian Americans in Minnesota have higher rates of stroke mortality than every other race and ethnic group; their stroke mortality rates are each over 40% higher than whites. Overall, the number of stroke deaths for women is higher than men.<sup>20</sup>

**The percentage of women diagnosed with diabetes is lower in Minnesota than the nation for all racial and ethnic groups except Native Americans.**

Eighteen percent (18%) of Minnesota Native American women have been diagnosed with diabetes, compared to a national average of 15%. Minnesota's Asian American women are least likely to have received a diabetes diagnosis at 2.4%.<sup>21</sup>

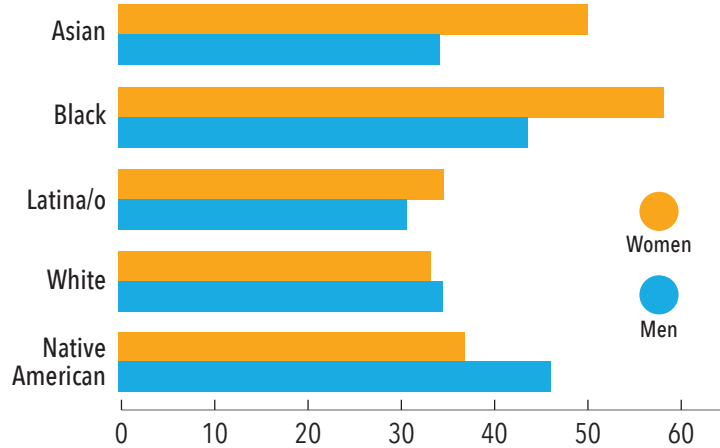
## DISABILITY

**Women are disproportionately impacted by disability risk later in life.** Sixty-seven percent (67%) of nursing home residents are women. Almost 25% of long-term care expenses are financed out-of-pocket. Women, therefore, are especially at risk for this type of uninsured health expense later in life.<sup>22</sup>



## PERCENT OF WOMEN AND MEN OVER 65 WITH AT LEAST ONE DISABILITY, BY RACE

Minnesota's African American, Asian American, and Latina older women (65+) are more likely than men to be managing at least one disability



CWGPP analysis of the American Community Survey, 2013-17.

**Mental health conditions manifest differently in women and men due to social and biological factors.**

**Experience of mental health conditions differs across gender worldwide.** A 15-country study showed that women are more likely than men to develop most mood or anxiety disorders (e.g., depression), whereas men are more likely to develop most externalizing disorders (e.g., ADHD or conduct disorder) or substance abuse.<sup>23</sup> Depression in 2020 will be the second leading cause of worldwide disability burden, and it is twice as common in women than in men.<sup>24</sup> In Minnesota, more women (24.1%) than men (13.8%) report having had depression at some point during their lives.<sup>25</sup>

**Research in the U.S. finds gender differences in depression.** Between the ages of 12 and 17, 13.6% of boys and 36.1% of girls have experienced a first episode of depression. Even at 12 years old, gender differences exist where more girls than boys have experienced depression for the first time.<sup>26</sup>

**In Minnesota, boys and girls and college-aged men and women display different patterns of mental health challenges.** Minnesota's 9th grade boys are nearly twice as likely as girls to have hit or beat someone up, while girls are nearly twice as likely to report significant, daily problems with feeling down, depressed, or hopeless.<sup>27</sup> Half (50.1%) of college women report a mental health diagnosis

during their lives compared to 32.1% of college men. College women also report depression diagnosis at higher rates than men within their lifetime (34.5% compared to 19.8%).<sup>28</sup>

**Eating disorders, which psychologists attribute to body shame, are more prevalent among females than males.**

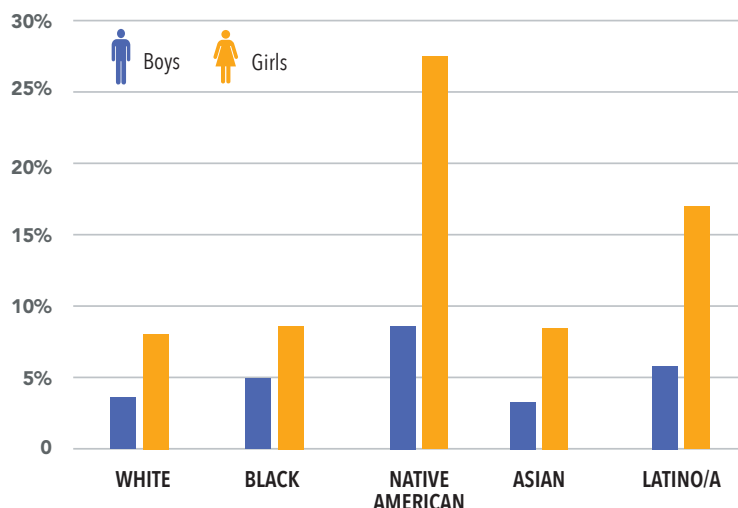
National data suggests that eating disorders begin between 18-21 years old. Over a lifetime, incidence of both anorexia and bulimia are three times greater among women than men (0.9% vs 0.3% for anorexia and 1.5% vs 0.5% for bulimia). Binge eating disorder prevalence is also greater for women than men (3.5% vs 2.0%).<sup>29</sup> In Minnesota, 1.1% of college males and 5.8% of college females report being diagnosed with an eating disorder (anorexia and/or bulimia) within their lifetime.<sup>30</sup> National research comparing women across racial and ethnic groups finds the prevalence of eating disorders are similar among white and Latina women, but lower among Black women.<sup>31</sup>

**Rates of teen-attempted suicide by Minnesota Native American and Latina girls should be a statewide call to action.**

« Minnesota teenage girls are 2-3 times as likely to attempt suicide as teenage boys. One in four Native American teenage girls has attempted suicide.

**Older women face increased risk for mental health conditions.** One risk factor for depression in older adults is having a chronic health condition. The Centers for

## PERCENTAGE OF MINNESOTA 8TH, 9TH, AND 11TH GRADERS WHO HAVE ATTEMPTED SUICIDE



CWGPP analysis of 2016 Minnesota Student Survey Data

Disease Control reports that about 80% of older adults have one or more chronic health conditions, and 50% have two or more.<sup>32</sup> A national 2017 study found that elder maltreatment is associated with significant declines in health, including greater anxiety, feelings of loneliness, and increased susceptibility to disease.<sup>33</sup>

**Depression is an important mental health risk for many older women.** Research using national data from 1998-2014 found that older women were more likely to report symptoms of depression than older men. In 2014, 15% of women and 10% of men age 65 and over reported depressive symptoms.<sup>34</sup> In Minnesota, 15.9% of females aged 65 and older reported being diagnosed with a depressive disorder compared to 10.9% of men.<sup>35</sup>

**Women are more likely than men to live alone in old age.** Sixty-one percent (61%) of Minnesota seniors (50+) who live alone are women.<sup>36</sup> Senior women are more likely than men (36% versus 31%) to report that they feel a lack of companionship in their lives, especially if they live alone.<sup>37</sup>

**Poor mental health has been linked to the experience of racism.** Research suggests that racism has considerable impact on the cognitive processes that play a role in the development of depression.<sup>38</sup> In a meta-analysis of 293 studies, having experienced racism was found to be associated with poorer mental health, including depression and anxiety.<sup>39</sup> Ten percent (10%) more adult African Americans report serious psychological distress than whites. African American women are more likely to have feelings of sadness, hopelessness, and worthlessness than are adult white women.<sup>40</sup> One in 5 Minnesota African American women report that they have felt emotionally upset (angry, sad, or frustrated) in the past 30 days as a result of how they were treated based on their race.<sup>41</sup>

**Economic status affects women's mental health.** One large risk factor for mental health issues and stress is poverty, and people of color and Native Americans in the U.S. and Minnesota are disproportionately represented in poverty.<sup>42</sup> Low-income women are exposed to more

uncontrollable life events, dangerous neighborhoods, and more job insecurity, amongst other risks.<sup>43</sup>

**Race and income are linked, but income does not tell the whole story about health differences across race.** Researchers have found evidence of a *weathering hypothesis*: "The finding of larger racial disparities among the nonpoor than the poor, and among women than men, suggests that persistent racial differences in health may be influenced by the stress of living in a race-conscious society. These effects may be felt particularly by Black women because of 'double jeopardy' (gender and racial discrimination)."<sup>44</sup>

**Youth of color and Native American youth are more likely to develop a mental health condition.** Exposure to violence in their communities has been associated with higher rates of mental illness in youths, including post-traumatic stress disorder and depression. Other risk factors may include exposure to violence in the neighborhood as well as exposure to discrimination and racism.<sup>45</sup>

For Minnesota's women and girls across all racial and sexual identities to achieve acceptable health outcomes, they need accessible, affordable, and culturally competent health care.

## INSURANCE AND AFFORDABILITY

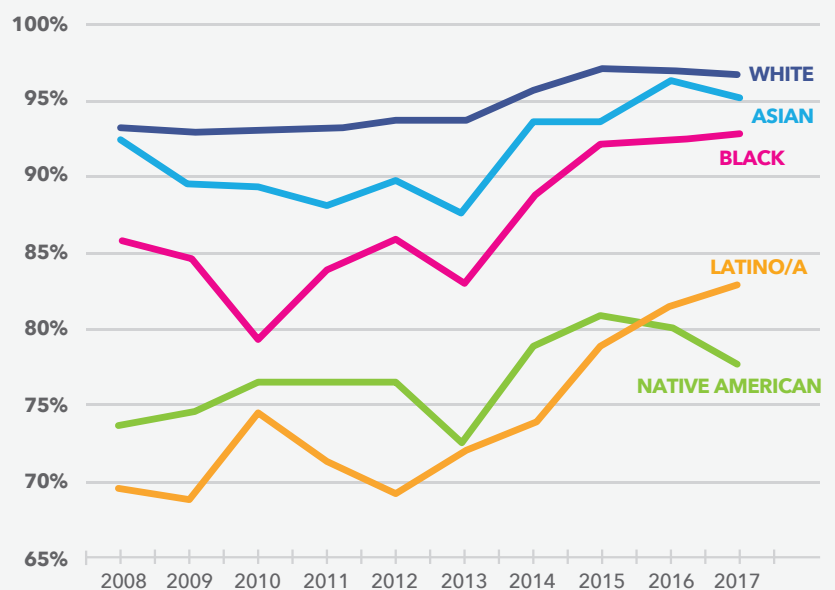
**The uninsured may face health and economic repercussions from going without important health and dental care services.** While the statewide insurance rate for individuals under 65 years old increased between 2013 and 2015, Minnesota's uninsurance rate increased significantly between 2015 and 2017, from 4.3% to 6.3%, resulting in a lack of health insurance for about 349,000 Minnesotans. This decline resulted in one of the largest one-time increases in uninsurance since 2001. State analysis attributes the decline to a decline in private market insurance.<sup>46</sup>

Minnesotans of all races were helped by the insurance expansion facilitated by the Affordable Care Act, which especially benefited Minnesota's communities of color and Native Americans.

**Cost of healthcare is a greater barrier for African American and Latina women in Minnesota.** One in 5 Black women and 1 in 4 Latina women in Minnesota reported that they could not see a doctor because of costs in the past year, while fewer than 1 in 10 white and Asian women reported the same.<sup>47</sup>

## Minnesota Health Insurance Coverage Rates Over Time, by Race

Declines in coverage in 2017 are concerning, especially if the declines become a trend.



CWGPP analysis of the American Community Survey, 2008-2017.

**Rural Minnesotans face greater cost barriers to health care than urban residents.** According to a 2015 survey, non-elderly (0-64 years old) Minnesotans in rural areas were more likely than those in urban areas to have difficulty paying medical bills. A larger percentage of residents in rural areas used sliding-fee scale, free, or public health clinics than in urban areas.<sup>48</sup>

**Access to health insurance for lesbian and gay couples has improved, but still lags behind other groups.** Since the 2012 and 2013 U.S. Supreme Court rulings that recognized same-sex marriage, more employers have opted to provide spousal health care coverage to same sex couples, including 15 of Minnesota's largest corporate employers.<sup>49</sup> The number of U.S. employers offering same-sex spousal health coverage increased from 43% in 2016 to 63% in 2018. Because more large than small firms offer this coverage, 88% of the U.S. workforce now has access to same-sex spousal coverage. However, an important portion of the same-sex married workforce remains excluded.<sup>50</sup>

## ACCESS (OTHER THAN FINANCIAL)

**In Minnesota, the ratio of population to physicians is eight times higher in rural than in urban areas.** In metropolitan areas, there are 965 people to every one physician, but in isolated rural areas there

are 2,715 people for every one primary care physician.<sup>51</sup> In 2015, more rural (65%) than urban Minnesotans (51%) who were unable to get a timely appointment had this issue with a primary care provider.<sup>52</sup>

**Prior to sick leave ordinances in Minneapolis and St. Paul, 40% of Minnesota women workers did not have access to paid sick days.** Low-wage and women of color workers were overrepresented among those without sick leave.<sup>53</sup> New local ordinances in Minneapolis and St. Paul, (passed in 2016 and implemented in 2017/2018) requiring employers to offer sick leave should reduce the number of women workers without this benefit. According to the state Department of Health, Minnesota would have healthier babies, more productive workers, and better overall health if every employer provided paid family and sick leave.<sup>54</sup>

## DISCRIMINATION

**LGBTQ+ people report high rates of health care discrimination.** Seventy percent (70%) of transgender and 56% of LGB people reported health care discrimination.<sup>55</sup> Studies show that some older LGBTQ+ adults have avoided or delayed getting health care or hid their sexual status from social service agencies or health care providers because they feared discrimination based on sexual orientation or gender identity.<sup>56</sup>

**Mental health care is not equitable across race.** Women and girls of color and Native American women and girls are less likely than white women and girls to receive therapeutic treatment for a variety of reasons, including limited access, cultural norms, lack of sufficient mental health care professionals, and lack of culturally specific/sensitive care approaches.<sup>57</sup> Black adults were 50% less likely than white adults to have received mental health treatment or counseling in the past year, according to 2014 national data.<sup>58</sup> Forty-eight percent (48%) of Minnesota African American girls and 58% of Asian American girls who reported a long-term mental or emotional problem said they had not received treatment, compared to 31% of white girls.<sup>59</sup> One explanation for why people of color receive less mental health care is that they may face "double stigma" from their racial identity and mental illness.<sup>60</sup>

**Nationally, the lack of African American mental health practitioners has harmful consequences on the African American community.** In 2017, just 2% of all members of the American Psychological Association identified as African American.<sup>61</sup> Because African Americans are so underrepresented among mental health care specialists, the vast majority may lack the cultural competence to address the needs of individuals in this community.<sup>62</sup>

## CONTRACEPTION

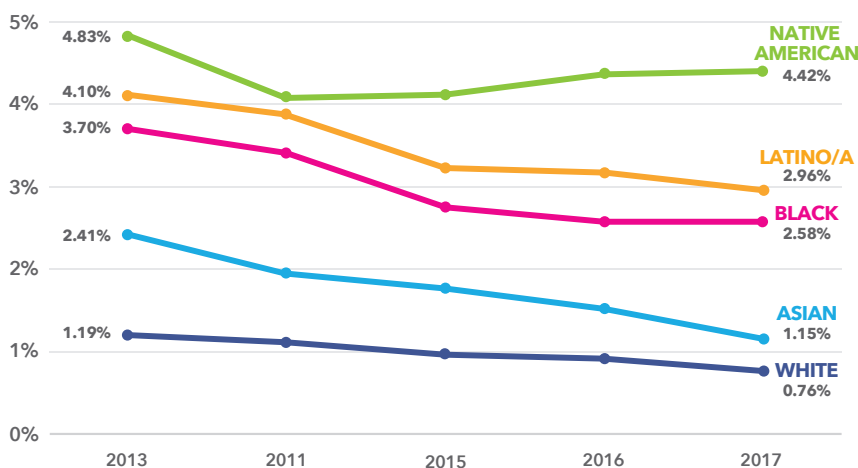
**Public funding for contraception is crucial to preventing unintended pregnancy.** In 2014, an estimated 294,680 Minnesota women (age 13 to 44) needed public support annually for contraceptive services and supplies based on their income. Among those in need, 69% were white, 10% were Black and 9% were Latina; the rest were from other groups. In Minnesota, 62% of public funding is from Medicaid and 10% is from Title X. Without publicly supported family planning services, the rates of unintended pregnancy, unplanned birth, and abortion would be 55% higher in Minnesota and teen pregnancy rate 60% higher.<sup>63</sup>

## PARENTAL LEAVE

**After birth, most Minnesota mothers take longer leaves from work than fathers.** Fifty percent (50%) of Minnesota's new mothers take parental leaves of 6 weeks or longer. About 25% of mothers take parental leaves of two weeks or less, whereas 70% of fathers take leaves of two weeks or less.<sup>64</sup> These lengths fall far short of the International Labor Organization's recommendations of 14 weeks of maternity leave for mothers after birth.<sup>65</sup>

While Minnesota teen birth rates overall are at historic lows, there is significant variability by race.

TEEN BIRTH RATES IN MINNESOTA BY RACE, 2013-2017



CWGPP compilation, Minnesota Adolescent Sexual Health Reports, 2015-2019.  
Teen birth rate percentages (births per 100) in Minnesotans aged 15-19.

The birth rate for Native American teens is almost six times higher than that of white teens. Black and Latina teens have three times higher birth rates than whites.<sup>66</sup>



## TEEN BIRTH RATES / PREGNANCY

The overall decline in the teen birth rate over the past two decades is likely due to improved contraceptive use (especially highly effective methods like IUDs and implants) and delayed initiation of sexual activity.<sup>67</sup>

### The 10 counties with the highest teen birth rates are all in Greater Minnesota.

Youth in rural Minnesota may face more difficulties accessing sexual health clinics due to barriers including fewer clinics, longer distances to travel, limited hours of operation, and confidentiality/privacy concerns. Of all rural Minnesota counties, 47.5% have no sexual health clinic, while Hennepin County has 18.<sup>68</sup>

**Teen pregnancy and sexual experience are higher among LGBTQ+ youth.** About 1.5 times more LGB youth report having had sex compared to heterosexual or questioning youth. Bisexual youth report having been pregnant at rates five times higher than both lesbian and heterosexual youths. Transgender and gender diverse students are more likely than cisgender students to report that they ever had sex (30% vs. 22%) and more likely to have not used a condom in their last sexual experience (51% vs. 38%).<sup>69</sup>

**According to the Human Rights Campaign: "Inclusive [comprehensive] programs are those that help youth understand gender identity and sexual orientation with age-appropriate and medically accurate information; incorporate positive examples of LGBTQ**

**individuals, romantic relationships, and families; emphasize the need for protection during sex for people of all identities; and dispel common myths and stereotypes about behavior and identity."**<sup>70</sup>

## ACCESS TO PRENATAL & OBSTETRICS CARE

### Access to prenatal care is unequal across race and ethnic groups in Minnesota.

Eighty-two percent (82%) of women in Minnesota in 2015 received prenatal care in the first trimester of their pregnancy, surpassing the federal goal of reaching 77.9% by 2020. However, among racial groups that access diverges sharply. White women report the highest rates of care beginning in the first trimester (87.2%) while Native American women report the lowest rates of prenatal care in the first trimester (55.1%).<sup>71</sup>

**Disparities in access to adequate prenatal care are evident across race and ethnicity in Minnesota.** Adequate prenatal care includes beginning care in the first trimester and having the appropriate number and timing of prenatal care visits. The overall Minnesota rate of adequate prenatal care received is around 79%. Over 82% of white mothers report adequate prenatal care, the highest for all racial groups. Native American mothers report the lowest level of adequate care (46.6%), down from 51% in 2010.<sup>72</sup>

### Rural maternity care access in the U.S. has declined as hospitals and obstetric units have closed over the past decade.

Research using national data showed that from 2004 to 2014 almost half (45%) of rural counties in the U.S. had no hospital-based obstetric services. During the same time period, 9% of these rural counties lost all such services. Researchers estimated that more than 650,000 women potentially in need lived in these counties. Counties with lower median incomes and higher percentages of Black women were at

greater risk of losing all hospital-based obstetric services. Greater risk of losing these services was also associated with states that had lower Medicaid eligibility for pregnant women.<sup>73</sup>

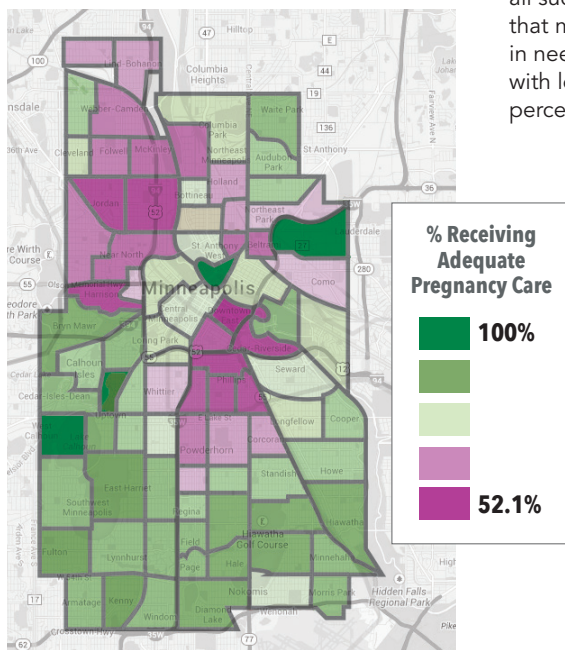
### Births in facilities without obstetric services are on the rise, which bodes poorly for maternal mortality and morbidity.

National research has found associations between losing rural hospital-based obstetric services and both lower use of prenatal care and more births in hospitals without obstetric services. Care of mother and baby up to and during pregnancy is important; without it, there is an increased risk of poor health outcomes for both patients.<sup>74</sup>

**Minnesota has experienced a decline in rural hospital obstetric care, but still has higher rates of care than the national average.** Nationally in 2014, 46% of rural counties had hospital obstetrics services. In Minnesota, this figure was 67% in 2014, down from 78% in 2004.<sup>75</sup> The state Department of Health reports that between 2000 and 2015 the number of Minnesota hospitals offering birth services declined by nearly 18%. In rural Minnesota, that figure is larger, with a decline of close to 38%.<sup>76</sup> Minnesota's rate of decline may be lower than national trends due to its more extensive Medicaid eligibility and benefits.<sup>77</sup>

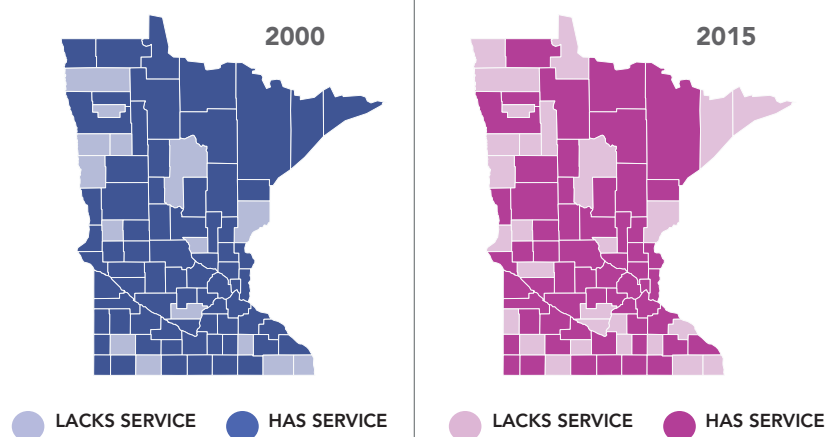
**Rural women in Minnesota may have to travel hours to deliver in a hospital with obstetric services.** More and more rural hospitals have decided to not offer planned baby delivery services. Contributing factors include financial pressures on hospital systems in rural areas, the need to reduce insurance and legal costs, and consolidation. Rural hospitals also may struggle to attract obstetric doctors. For example, a woman who lives in Grand Marais would need to travel to Duluth — 110 miles, more than 2 hours — to give birth in a hospital with obstetric services.<sup>78</sup>

### Across Minneapolis, Prenatal Care is Unequal



Map by Johnson (2015), "The Miracle of Two Minneapolis in Prenatal Care," using Minnesota Department of Health Data from 2009-2011.

### In-hospital Obstetrics Care in Minnesota in 2000 and 2015



CWGPP reproduction of maps from the Minnesota Department of Health, Health Economics Program "Access to Hospital Birth Services in Rural Minnesota - A Data Short Take," 2017.

## SECTION 4

# Leadership

Research has demonstrated that diversity in representation, whether in the boardroom or halls of the Minnesota State Capitol, has clear benefits, including entrepreneurial innovation and deeper support for democratic institutions.<sup>1</sup>

Minnesota has a long way to go to achieve gender parity in leadership across the domains of politics, law, education, business, and nonprofits. While we celebrate important milestones brought by the 2018 midterm elections – especially for women of color and Indigenous women – women remain conspicuously underrepresented in leadership positions across the state and nation. Women leaders, and especially women leaders who represent the full range of socioeconomic, racial, and ethnic communities, signal to girls that their options are limitless and to boys that women are equals. With the wide range of problems faced by the state and the world, we cannot afford to leave any of the state's talent on the sidelines.

The November 2018 elections brought many firsts, especially for women of color and Native American women in Minnesota.

POLITICS

Photo by Lorie Shaul

Lt. Governor **Peggy Flanagan**

became the first Native American woman elected to statewide office in Minnesota and is the state's first Native American lieutenant governor. She is the second Native American nationally to be elected to statewide executive office.

In 2018, U.S. Representative **Ilhan Omar** became one of two Muslim women ever elected to Congress. She is Minnesota's first non-white congresswoman and the nation's first Somali-American and former refugee elected to Congress. Representing the 5th Congressional District, she is also the first U.S. Representative to wear a hijab on Capitol Hill.

U.S. Representative **Angie Craig** now represents the Minnesota's 2nd Congressional District. She is Minnesota's first openly gay member elected to Congress.

**Maria Regan Gonzalez** is Minnesota's first Latina mayor and serves as Mayor of Richfield. Rochester and Mankato elected their first women mayors, **Kim Norton** and **Majwa Massad**.<sup>2</sup>

## MINNESOTA'S CONGRESSIONAL DELEGATION

**In 2019, Minnesota's Congressional delegation is evenly divided between women and men.**

Minnesota is currently one of six states with an all-women senate delegation: U.S. Senators Amy Klobuchar and Tina Smith.<sup>3</sup> Three of eight Minnesota members of the U.S. House are women and one of them is a woman of color (Somali-American U.S. Representative Ilhan Omar).

## MINNESOTA STATE LEGISLATURE / STATEWIDE OFFICE

**The number of women in the state Legislature dropped in the 2018 election by two to a total of 64.** For the past seven years, around one-third of all members have been women, below the historic high of 71 women in the 2007-2008 session. For 2019-2020 session, 16 of the 67 senators (24%) and 48 of the 134 representatives (36%) are women.<sup>4</sup> In 2019, Minnesota ranked 17th nationwide for state legislatures with the largest proportion of women, down from 11th in 2018 and 5th in 2016.<sup>5</sup>

**In 2019, the Minnesota Legislature swore in its most racially diverse group of lawmakers yet.**

Legislators of color and Indigenous legislators increased to 21 (11 of whom are women) in the 2019-2020 session, up from 17 (9 women) in 2017-2018. However, representation still doesn't reflect the state's racial diversity; each non-white group (except Native Americans) are underrepresented in the Legislature relative to the state's population, especially women of color.<sup>6,7</sup>

**Two women were elected to statewide offices in 2018.**<sup>9</sup> Julie Blaha serves as State Auditor.

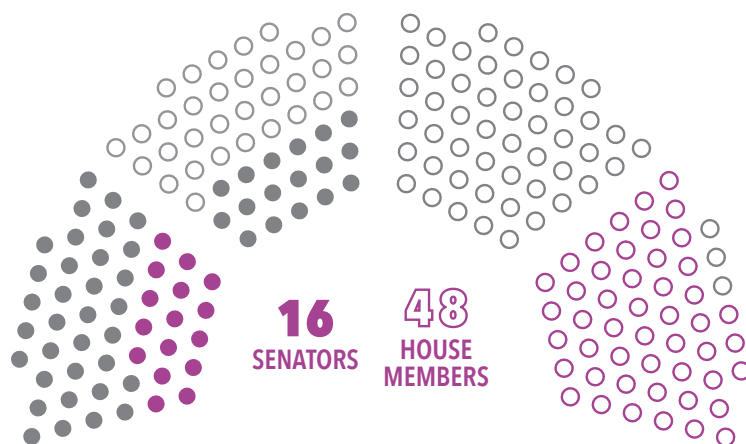
Peggy Flanagan, Minnesota's Lieutenant Governor, is the first Native American woman elected to statewide office in Minnesota and second elected to statewide office in the United States. Flanagan is the highest-ranked Native American women serving in elected office in the U.S.

## LOCAL POLITICS

**Men dominate county governments.** Women were 18.4% of all candidates and 15.8% of winners in the November 2018 state county commissioner races.<sup>10</sup> Women comprise just 17.2% of all county board chairs in Minnesota.<sup>11</sup>

**Women mayors remain rare in Minnesota.** As of 2019, several Minnesota cities with populations greater than 30,000 have women mayors: Andover, Apple Valley, Burnsville, Duluth, Mankato, Maplewood, Richfield, Rochester, and Woodbury.<sup>12</sup> However, only 17% of Minnesota cities have female mayors, a number that has barely budged since 2015 (16%).<sup>13</sup>

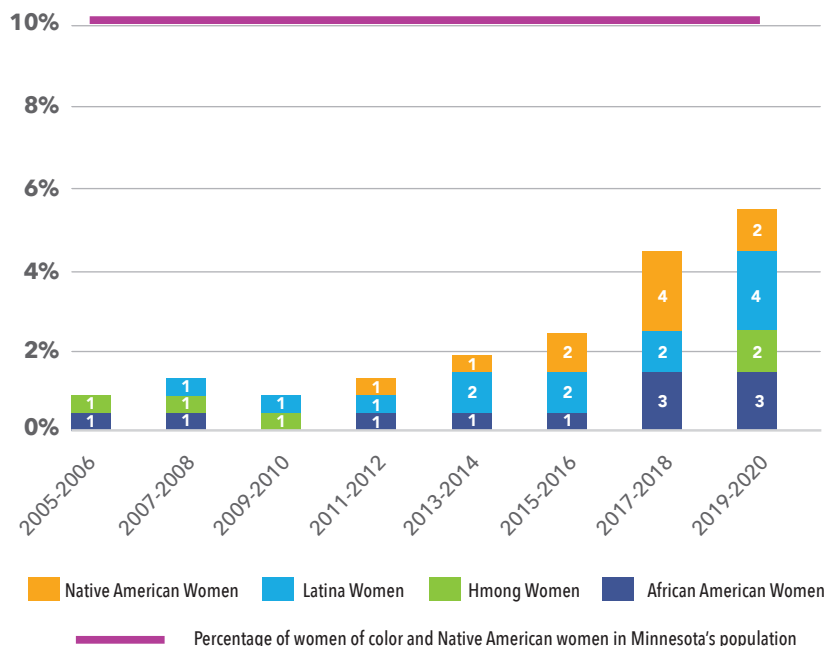
**Burnsville models women's leadership in city government.** Over 12 key leadership positions are held by women in Burnsville: mayor, local county commissioner, new police chief, and one at-large City Council member. Burnsville Chief of Police Tanya Schwartz is the first woman to hold this position in the city. No other city of comparable size in Minnesota has as many women leaders.<sup>14</sup>



## Women of Color and Native American Women in the Minnesota Legislature<sup>8</sup>

Women of color have increased their presence in the Minnesota Legislature, but remain underrepresented relative to their proportion of the state's population.

Percentage of women of color and Native American women in Minnesota's population



CWGPP analysis of data from the Minnesota Legislature Reference Library and the Census Bureau's Population Estimates for July 1, 2018. Bar heights represent the percentage of women of that ethnicity or race in the state Legislature in the session year indicated. The numbers inside the bars indicate the counts of women of the indicated ethnicity or race.

**Women — especially women of color and LGBTQ+ — are making gains in metro city councils but have yet to reach parity.**

The St. Paul City Council, with the election of Council Member Mitra Jalali Nelson in 2018, has its first-ever elected female majority. Self-identified as LGBTQ+, she is the first woman of color ever elected to the city council and first to grow up in a Muslim household.<sup>15</sup> Five of the 13 Minneapolis City Council members are women.<sup>16</sup> Council Member Andrea Jenkins, the first openly transgender African American woman in the U.S. to be elected to any office, has served on the Minneapolis City Council since 2018.<sup>17</sup>



## WOMEN RUNNING FOR OFFICE

**Nationally, the number of women running for elected office surged in 2018.** A record 529 women filed to run for U.S. House and Senate seats, compared to 313 women in 2016. Of the 529, 258 won their primary. In the general election, 116 won their seat, with 33 of these winners (29 in the House,

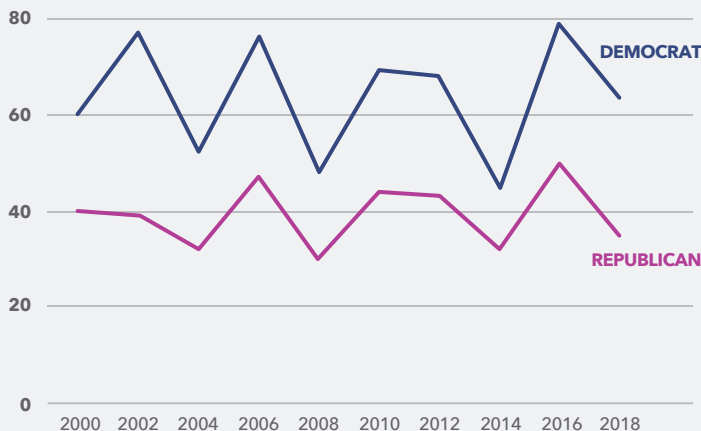
4 in the Senate) having competed against another women. Governorship races across the U.S. also saw more women filing to run in 2018 (61) than in 2016 (6). Of the 61 women, all of whom ran against men, 16 won their primary and nine went on to win their contested seat.<sup>18</sup>

**Minnesota participated in the 2018 surge.** Seven women candidates ran for Minnesota U.S. Congressional seats in the midterm races — five won and two lost. Four women were candidates for statewide office (Lt. Governor and State Auditor) and ran against each other in these races.<sup>19</sup>

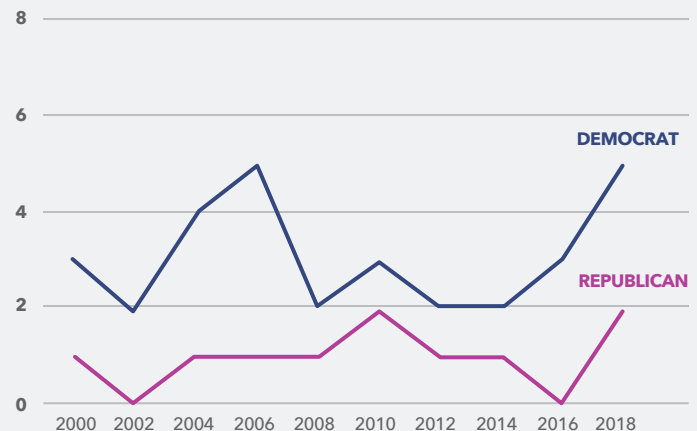
## Number of Minnesota Women Major-Party Nominees Over Time, By Party

More women candidates ran for U.S. Congress in 2018, but fewer ran for the Minnesota Legislature, an important pipeline to higher office.

Minnesota Legislature Women Nominees



U.S. Congresswomen Nominees, Minnesota Senate and House Seats



Figures by CWGPP based on data from the Center for American Women in Politics (CAWP), 2000-2018, on women major party nominees in Minnesota.

**Minnesota is far from gender parity in politics, but is better than 40 other states.** According to a gender parity index compiled by Represent Women, Minnesota ranks 10th in the nation for best women's representation in elected office. Minnesota's gender parity score has remained similar over the past five years, but is more than double what it was in 2003.<sup>20</sup>

## WHY WOMEN IN POLITICS?

**Women bring different political experiences to the political decision-making process.** Women introduce more legislation than men related to women's rights, children, and family. Women of color and Native American women bring unique community voices to elective office; African American and Latina women focus especially on issues and interests of their communities.<sup>21</sup>

**Women legislators bring more federal money back to their constituents and work harder to affect change.** Research has found that not only do congresswomen secure about 9% more federal outlay money than congressmen, they also sponsor and cosponsor more bills.<sup>22</sup>

## VOTING

**Since 1980, women in the U.S. have been more likely than men to vote in every presidential election.**<sup>23</sup>

## VOLUNTEERING

**Minnesota women are more likely than men to volunteer.** Forty-nine percent (49%) of Minnesota women volunteered within the past year, compared to 38% of men.<sup>25</sup>

**Minnesota had the highest voter turnout rate in the nation for both the 2016 (75%) and 2018 (64%) elections.**<sup>24</sup> In both elections, women turned out to vote more than men.

2016 (Presidential)		Minnesota Voting	2018 (Midterm)	
MEN	WOMEN		MEN	WOMEN
73.2%	76.1%	Voted	62.1%	66.2%
10.7%	11.4%	Registered but did not vote	19%	19.3%
16.1%	12.5%	Not registered	18.9%	14.5%

CWGPP analysis of Current Population Survey, Current Population Survey - Voter Supplement (2016 & 2018) (extracted from IPUMS USA, University of Minnesota, 2016), www.ipums.org. Due to sampling error, reported voting rates from the CPS do not exactly match the official turnout rate. Because of this, we rescaled the male and female voting rates so that the overall rate equaled the official rate.

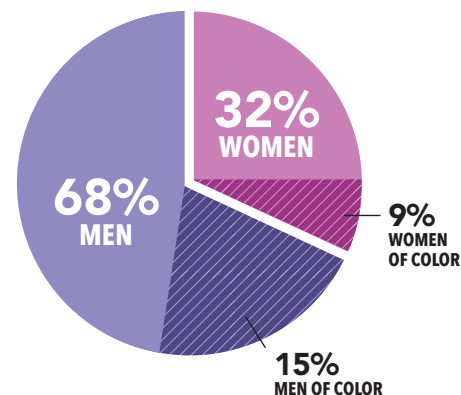
Minnesota's Supreme Court includes a majority of women (four), including one Native American, one African American, and one lesbian.

Minnesota ranks 5th among states for the representativeness of its judiciary, according to Gavel Gap. Nonetheless, Gavel Gap in 2014 gave the state a "C" rating (79%), which measures the fraction of women and racial minorities in the judiciary (state court judges) compared to these groups' fraction in the overall population.<sup>26</sup> In 2018, 44% of state court judges in Minnesota were women, up from 37% in 2014.<sup>27</sup>

Women of color and Native American women are especially underrepresented in law – a prerequisite to serving as a judge.

Women make up 40% of lawyers in the state. People of color and Native Americans make up only 8% of lawyers, compared to 20% of the population overall. Latina(o) lawyers are the most underrepresented group, followed by black lawyers.<sup>28</sup>

Majority of state court judges are men; people of color and Native Americans are underrepresented



Gavel Gap, 2014.

### SCHOOL DISTRICT LEADERSHIP

**Even though women dominate the teaching profession, there are few in top leadership.** While 72% of K-12 educators nationwide are women, just 27% of superintendents are women. In Minnesota, 73% of teaching staff were women (2016-2017), while less than 16% of all superintendents in the state were women.<sup>29</sup>

**Women have almost reached parity in Minnesota school district administration.**

Statewide, 48% of district and school administrators are white men and 43% are white women, while in Minneapolis and St. Paul 63% of administrators are women. In Minneapolis, people of color or Native Americans make up 38% of administrators – nearing their representation in the general population in Minneapolis (40%). In St. Paul, 40% of school administrators and 48% of the general population are people of color or Native Americans.<sup>30</sup>

**The state's three largest school districts — Minneapolis, St. Paul, and Anoka-Hennepin — are all led by men.** In Minneapolis and St. Paul, this is a significant change from a few years ago when both were led by women of color or Native American women. Richfield, St. Paul, and Brooklyn Center lead the state in the proportion of administrative staff who are women of color or Native American women, with 39%, 26%, and 25%, respectively from this group, compared to 5% overall in the state.<sup>31</sup>

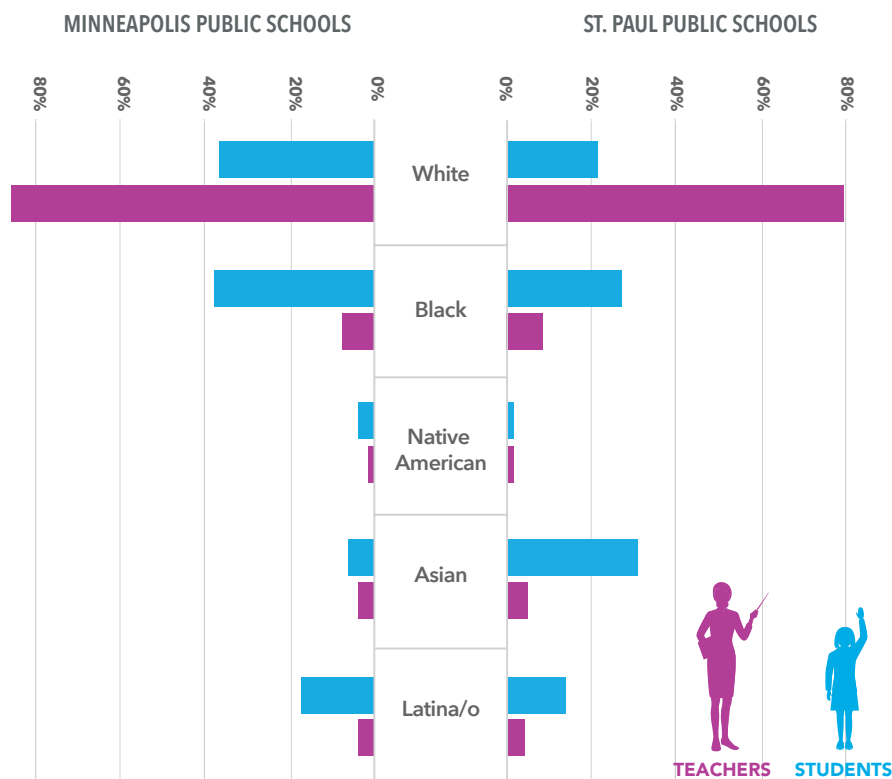
**The teaching profession in Minnesota is overwhelmingly white.** Only 5% of teachers in the state are non-white, compared to 20% of the population. Even in Minneapolis and St. Paul, where students of color and Native American students comprise the majority of the student body, a large majority of teachers are white. In

Minneapolis, 64% of students and 15% of teachers are non-white, while these numbers are 79% and 20% in St. Paul.<sup>32</sup> For comparison, 29% of the over-25 labor force in Minneapolis and 35% in St. Paul were non-white.<sup>33</sup>

**On average, girls have higher levels of participation in student government and other leadership activities than their male peers.** Overall, 10% of teenage

boys and 15% of teenage girls in the state participate in these activities. Among girls are most likely to report participation in these activities (19%), followed by Asian Americans and Somalis (18% each), African Americans (17%), and whites (15%). Native American (13%) and Latina girls (12%) were least likely to participate in these leadership activities.<sup>34</sup>

### Twin Cities Public Schools: Teachers and Students by Race



Figures by CWGPP based on data from Minneapolis and St. Paul Public Schools, Minnesota Department of Education.

## BUSINESS

**Nationally, women are underrepresented at every level of corporate leadership, especially at the highest ranks.** Among large corporations nationally, in 2018 white women made up 31% of entry-level employees and 27% of managers, but only 19% of those in senior vice president or chief officer positions. Women of color and Native American women made up 17% of entry level employees but only 12% of managers and 4% of senior vice president or corporate officer positions at these companies. In contrast, men made up 52% of entry-level employees, 72% of managers, and 77% of senior vice president or corporate officer positions.<sup>35</sup>

**Minnesota corporate leadership is overwhelmingly male.** Only seven of the top 74 publicly held companies in Minnesota are headed by a woman (9%), and 30% of these top companies have no women executives. In 2018, women held 20% of corporate board of director seats in these top companies, which has trended up from 15% since 2014. Women of color and Native American women held only 3% of these director seats in 2018.<sup>36</sup>

**Women in corporate America face hostile work environments, a potential barrier to reaching leadership.** Women who work full-time in corporate America are much more likely than men to experience microaggressions in their workplace, such as having their judgement questioned in their area of expertise (36% versus 27%) or being mistaken for someone at a much lower level in the corporate hierarchy (20% versus 10%). Black and lesbian women are even more likely to experience these forms of discrimination.<sup>39</sup>

## NONPROFITS

**While women make up the majority of employees in the nonprofit sector, their numbers in leadership do not reach parity with men.** Only 18% of large nonprofits in the U.S. had a female CEO in 2015. This contrasts with the nonprofit sector as a whole, of which a large majority of employees are women.<sup>40</sup> In Minnesota, 21.3% of employed women work in the nonprofit sector, compared to just 6.4% of male workers.<sup>41</sup>



Minnesota-based Best Buy has an exceptional record of gender equality in corporate leadership. In April 2019, Corie Barry (at right) was named its first woman CEO, and three other corporate executives are women. Over half of Best Buy's board of directors are women.<sup>37</sup>

## Percentage of Women in Corporate Leadership Roles in the Top Minnesota Corporations

Although women's representation among Minnesota's corporate executives has risen in recent years (to 21% in 2018), at the current rate it would take 52 years to reach gender parity.<sup>38</sup>

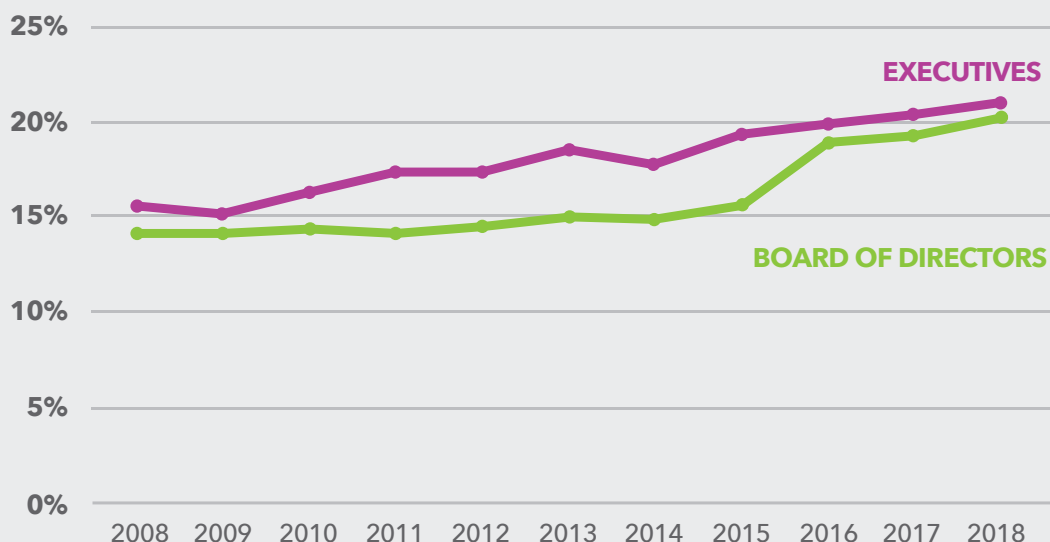


Figure by CWGPP based on data from Minnesota Census of Women in Corporate Leadership, 2018.



# What can you do?

## ECONOMICS:

- In your community, help advance the 20 recommendations to achieve opportunity, safety, and leadership outlined in the Young Women's Initiative of Minnesota's *Blueprint for Action* report: [wfmn.org/ywi-mn-blueprint.pdf](http://wfmn.org/ywi-mn-blueprint.pdf).
- Support women-owned and run businesses and the organizations that help them: [wbenc.org](http://wbenc.org), [womenventure.org](http://womenventure.org).
- Learn to negotiate for the wage you deserve, and then mentor others: [aauw.org/2017/07/19/negotiating-salary-and-benefits](http://aauw.org/2017/07/19/negotiating-salary-and-benefits).

## SAFETY:

- Encourage and work with your employer or school to adopt best practices for reducing sexual harassment and assault: [nwlc.org/blog/thatsharassment-campaign-tools-can-help-employers-prevent-harassment](http://nwlc.org/blog/thatsharassment-campaign-tools-can-help-employers-prevent-harassment).
- Learn about criminal justice and immigration reform efforts and how safety concerns disproportionately impact communities of color and Native American communities: [ilcm.org](http://ilcm.org), [blacklivesmatter.com](http://blacklivesmatter.com), [naacp.org](http://naacp.org), [miwrc.org](http://miwrc.org).
- Educate the men in your life about how they can help change boys' attitudes about sexual and domestic violence: [menaspeacemakers.org](http://menaspeacemakers.org), [acalltomen.org](http://acalltomen.org).

## HEALTH:

- Create an ongoing, open dialogue with girls and boys in your life about reproductive and sexual health: <https://talkwithyourkids.org/resources-parents/resources-parents.html>.
- Learn about the social determinants of health and support policies and programs that help create economic, social, and physical environments that promote good health for all: [https://who.int/social\\_determinants/sdh\\_definition/en](https://who.int/social_determinants/sdh_definition/en).

## LEADERSHIP:

- Run for elected office and invite and encourage other women to run. Attend Vote, Run, Lead or another political training: <https://voterunlead.org>.
- Join a corporate, nonprofit, or government board. Check out openings for state boards and commissions: <https://commissionsandappointments.sos.state.mn.us/Agency>.



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## Definitions and Comparisons

### COST OF LIVING

Cost of living in Minnesota is calculated by the Minnesota Department of Employment and Economic Development. It includes basic-needs cost of living in the state, including food, housing, health care, transportation, childcare, other necessities, and net taxes. It is designed to be comparable to pre-tax income for working families of various sizes. It is intended to represent only cost of living to meet basic needs for health and safety. There is no money built in for savings, vacations, entertainment, eating out, tobacco, or alcohol, even though some of these may be considered part of a normal healthy life.

### DISABILITY

An individual in the ACS data was classified as “disabled” if they indicated they had difficulty with any of the following: hearing, vision, ambulatory movement, cognitive functioning, independent living, and/or self-care.

### FAMILY

A family is defined in the American Community Survey (ACS) as a group of related individuals living together in a household. For family-level analyses in this report, we counted only the primary family in a household, which includes all inhabitants who are related to the householder. This covers 97% of individuals and 93% of families (outside of group quarters). This excludes all individuals living in group quarters (e.g., nursing homes and college dormitories), which makes up less than 3% of the total population.

### GENDER OCCUPATIONAL CLUSTERING

For the analysis of gender occupational clustering, we defined these as occupations with employment of at least 5,000 in Minnesota and where at least 75% of workers were either male or female.

### MINIMUM WAGES IN MINNESOTA

The Minnesota minimum wage for large employers was set at \$9.50 per hour in August of 2016, and is set to increase every January to keep up with inflation. The rate for large employers was \$9.86 in 2019. The City of Minneapolis imposed its own minimum wage of \$10 per hour in January of 2018. This is set to increase to \$15 per hour by July of 2022 for large employers, after which it will be indexed to inflation. The City of St. Paul also enacted its own minimum wage rules in 2018, which will gradually phase in between 2020 and 2028 for employers of different sizes. For the largest employers, the wage will be set at \$15 per hour by July of 2022, and indexed to inflation thereafter.

## RACE AND ETHNICITY

Throughout this report, we use the words Asian, Black, Latina(o), Native American, and white to represent racial/ethnic categories. We recognize that individuals identify in various ways and may prefer other identifiers. Survey instruments also use different terminology in some cases. The American Community Survey (ACS) and many other surveys and data collection tools include self-identification in which participants choose the race or races with which they most closely identify and indicate whether or not they are of Hispanic or Latina(o) origin (often the only categories for ethnicity). We recognize that racial categories are a social-political construct and “generally reflect a social definition of race recognized within the context of the United States” (Census Bureau). Some racial/ethnic categories overlap and increasingly, people identify with more than one racial category.

In the analyses in this report conducted by CWGPP, race/ethnicity was classified using the Census Bureau categories: Asian, Black, Native American, White, Other, or multiple races. We add to this another category: Latina(o), which is anyone who identifies as Latina(o), Hispanic, or Spanish origin. All other race categories exclude Latina(o) individuals. We further divide these race categories in some analyses based on ethnicity or birthplace: Black is separated into African American (self-identified and born in the U.S.), Somali, and Other. Asian is separated into Hmong, Asian Indian, and Other. These were determined based on the largest ethnicities in Minnesota within the race categories. In Minnesota over the period 2013-2017, the largest ethnic groups within the Black race category were African American (57%), Somali (18%), Ethiopian (8%), and Liberian (5%), and the largest ethnic groups within the Asian race category are Hmong (30%), Asian Indian (17%), Vietnamese (11%), Chinese (11%), Korean (7%), Filipino (5%).

## SERVICE OCCUPATIONS

Service occupations are defined as those falling within the following major occupational groups based on the Standard Occupational Classification (SOC) system: Healthcare Support, Protective Service, Food Preparation and Serving, Building and Grounds Cleaning and Maintenance, Personal Care and Service. These are standard classifications used by the federal Bureau of Labor Statistics.

## SEX AND GENDER

Throughout this report, we use the terms men and women and boys and girls, relying on the self-identification of individuals. In Census Bureau surveys and the decennial census, sex refers to a person’s “biological” sex and participants are offered male and female as categories. When possible given the survey instrument, we also use trans to denote individuals that are transgender, genderqueer, genderfluid, or unsure about their gender identity. LGBTQ+ is the term used consistently throughout this report for individuals who identify with sexual orientations and gender identities that are not cisgender and heterosexual. Recently, Q+ has been added to the lesbian (L), gay (G), bisexual (B), and trans (T) to acknowledge not just queer/questioning and asexual people, but any other identity a person might have (the +). Most survey instruments do not include questions that allow a respondent to choose the full spectrum of identities within the LGBTQ+ label. When choices have been constrained within a data source, relevant citations include additional details. We recognize and respect that individuals identify in various ways and that some individuals may express their gender, sex, sexuality, or sexual orientation in ways not accommodated by data collection instruments.

## STATISTICAL SIGNIFICANCE

In analyses done by the CWGPP, we highlight comparisons among groups if the differences between the groups is statistically significant ( $p \leq 0.05$ ). Statistical significance means that the differences found are not due simply to sampling error, but likely reflect proportions that can be found in the population as a whole.

## STEM

Science, technology, engineering, and math (STEM) was defined to include occupations in the life and physical science, engineering, mathematics, and information technology fields. Architecture, social science, and health specialties occupations were not included. This is consistent with the narrowest definition from the SOC Policy Committee recommendations to the federal Office of Management and Budget, available at [bls.gov/soc/2010/home.htm](https://bls.gov/soc/2010/home.htm).





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